



By Chieh-Hsin, Taiwan, age category >=18Y, The Waterfall in My Eyes

President's Message

As usual, I want to update our IACAPAP friends on the progress made from June, the time of our last Bulletin, to September. We are working hard to accomplish our goals proposed in the Strategic Plan approved by the IACAPAP Executive Committee last July and published on our website.



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President's Message

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

As usual, I want to update our IACAPAP friends on the progress made from June, the time of our last Bulletin, to September. We are working hard to accomplish our goals proposed in the Strategic Plan approved by the IACAPAP Executive Committee last July and published on our website (<https://iacapap.org/about/about-iacapap.html>).

Regarding our goal of catalyzing joint initiatives with other organizations to improve child and adolescent mental health awareness and evidence-based care globally, we are moving forward in our collaboration with the Child Mind Institute (CMI) in constructing a new broad, open access, culturally comprehensive instrument to assess child and adolescent mental health (CAMH). This instrument will be used to get a current global perspective on CAMH, something extremely needed. The stage of having items generated by AI, close review of generated items by a panel of experts, and initial adjustment according to psychometrics and developmental aspects is almost finished. We are approaching the exciting stage where we will invite representatives from our national member associations to assess



Luis Augusto Rohde
IACAPAP President

the cultural appropriateness of the instrument. This is an essential step in the process of having a culturally valid global instrument and it can only be done with help from members of an Association with the strengths and comprehensiveness of IACAPAP. So, be prepared to embark on this journey that has the potential of giving to all community of CAMH clinicians, researchers, and other stakeholders a comprehensive global vision of behavior and emotional problems of our youths through the lens of the same evidence-based instrument that will be applied in several different countries in surveys to be conducted.

Regarding strengthening global training and professional development in child and adolescent mental health, we are also moving forward exploring a potential collaboration with CMI to contribute to the development of a Child and Adolescent Psychiatry Clinical Fellowship Program addressed to Low-Middle Income Countries (LMIC) with none or few Child and Adolescent Psychiatrists. We expect to share with the IACAPAP community the results of this initiative in our next column.

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 and at <https://www.iacapap2024.com/ingles/index.php>) is approaching soon. The Helmut Renschmidt Research Seminar (HRRS2023) took place last month in Campos do Jordão, Brazil promoting exchange of experiences and knowledge for a selected group of young professionals, who certainly will be a brilliant future part of the CAMH research field worldwide. IACAPAP would like to express our gratitude to Professors that kindly dedicated their time to this initiative (Anna, Bruno, Lizzie and Maretha) and to Petrus and Christina who lead the process so efficiently. Submissions for symposia, posters and oral presentations for the congress are already open, and most plenary speakers are selected. Since the congress venue can accommodate no more than 2500 delegates (close to the regular number of participants in our previous Brazilian national meetings) and



the fact that we are receiving a large number of early registrations, we strongly encourage those interested in being part of this wonderful meeting to register as soon as possible.

Talking about meetings, we need to decide on the location in Germany and the dates for the 2026 IACAPAP congress. In an innovative approach, we would like to listen to our IACAPAP friends about their opinion on this matter. Thus, we are launching a pool where you can vote between Berlin and Hamburg for the venue and between two dates in July 2026 for the Congress ([vote here](#)). You will be helping the Bureau in achieving the best decisions on an issue that affects all of us!

Before closing, I would like to introduce a new idea for this column. In each issue of the Bulletin, I will highlight one impactful paper for CAMH published in the literature in between the previous and the current issue. For this issue, I selected a paper by Patel et al. published in *Lancet* on *Transforming Mental Health Systems Globally: principles and policy recommendations* available on August 19, 2023. Why this paper deserves a careful read by CAMH professionals?

Because authors dissected reasons for our lack of effectiveness in responding to an enormous mental health crisis worldwide including our unique reliance on a biological model for mental disorders in the last decades and enumerate five principles and four policy actions to change the game. The principals are: 1) target harmful social environments across the life course; 2) care is determined by a person's needs, not their diagnosis; 3) empower front-line workers to deliver evidence-based psychosocial interventions; 4) embrace a rights-based perspective for mental health care; 5) place people with lived experience at the center of the care system. Across the description of principles, authors always emphasize the relevance for focusing efforts in early development and youths' mental health and assume some values that have been always central for CAMH professionals like interdisciplinary teamwork and integration of CAMH besides health systems including for instance school environments where children and adolescents spend lots of their time. A key issue addressed in the paper is a current model of MH based on specialist care and the shortage of specialists in LMIC, an issue even more accentuated for CAMH. Moreover, the authors pointed to recent evidence from implementation science clearly demonstrating that community health workers and community members including peers can deliver effective brief psychosocial interventions for

prevalent mental disorders like anxiety and depression in collaborative work with specialists. Here is a clear message for any Child and Adolescent Psychiatry Fellowship Program to be developed. There is an unequivocal relevance of training CAP in LMIC where none or few exist, but part of the training needs to be in establishing these connections with non-specialists and community members. Otherwise, there is no chance for creating innovative, culturally tuned, and evidence-based child mental health centers that have scalability to deliver interventions that really matters for a significant proportion of children and adolescents suffering from emotional and/or behavior problems.

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

- a) the Bureau meeting with IACAPAP Full and Affiliate members to receive suggestions was conducted last month. We are yet compelling all the material discussed to share in our next column;
- b) initiatives with the CMI/SNF Global Center for Child and Adolescent Mental Health are already happening, as mentioned above;
- c) the HRRS 2023 was already successfully conducted some days ago;

d) A preliminary program for the 26th World Congress of International Association for Child and Adolescent Psychiatry and Allied Professions will be in our site up to the end of this month. The auditable goals up to the next bulletin will be:

1. Engage IACAPAP community for assessing the cultural adequacy of the *Multidimensional, Culturally Sensitive, and Open-Access instrument to evaluate CAMH worldwide*;
2. Have an agreement with CMI on potential collaboration work for *Child and Adolescent Psychiatry Fellowship Program*;

3. Have the almost final program of the 2024 World Congress of Child and Adolescent Psychiatry and Allied Professions available online;
4. Have more than two-thirds of the expected registrations for the Congress already done;
5. Have the location and dates for the 2026 IACAPAP Congress finalized.

I hope you all enjoy reading our Bulletin.

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





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IACAPAP Executive Committee Meeting 2023

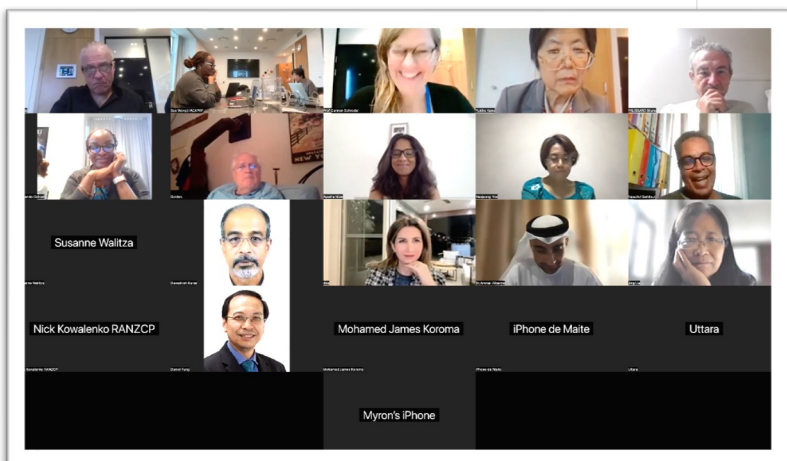
By: Yewande Oshodi, IACAPAP Secretary-General
Consultant Psychiatrist. Child and Adolescent Psychiatrist & Associate Professor of Psychiatry, Department of Psychiatry, Lagos University Teaching Hospital & College of Medicine University of Lagos. Nigeria.

The Executive Committee (EC) of the IACAPAP, made up of the Bureau, vice presidents and other members meet annually to deliberate, review progress of the association and chart the way forward for the association.

This year's EC meeting was held in Copenhagen, Denmark on the 1st of July. It was a hybrid meeting with 7 persons attending in person and other members attending virtually.

This was the first EC meeting for the new Bureau and the IACAPAP President, Prof Luis Rohde addressed the entire EC sharing the vision for the tenure and the progress of the Bureau since its commencement of office.

The EC meeting was also an opportunity for the Bureau to present the proposed Strategic Plan of IACAPAP for 2023 - 2026. The EC approved the plan and it will serve as a guide to leadership over the next 4 years of IACAPAP. The strategic plan is the framework through which IACAPAP operates to achieve its goals aimed at improving child and adolescent mental health globally.



IACAPAP Executive Committee Meeting 2023 - Virtual attendance



From left to right: Susanne Walitza, Yewande Oshodi, Dicle Büyüктаşkın, Luis Rohde, Daniel Fung, Yukiko Kano and Sue Wong.

The strategic plan can be viewed [here](#).

The meeting agenda included reports presented by the Secretary-General and the Treasurer. The educational groups also provided updates on their activities, these groups were namely; Early Career, Donald Cohen Fellowship and Helmut Remschmidt Research Seminar. A communications report was also presented.

Other relevant issues were discussed and the meeting ended on a great note.

Plans around the upcoming conference in Rio have now commenced in earnest and that would be the next point for our IACAPAP EC meeting.



From left to right: Sue Wong, Yewande Oshodi, Carmen Schroder, Yukiko Kano, Luis Rohde and Daniel Fung.



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We welcome interested individuals to become Individual Member of IACAPAP.

Contact us
info@iacapap.org



Howard Cooper Travelling Fellowship in Child and Adolescent Psychiatry - An Enriching Experience

By: Dr Vinyas Nisarga¹, Dr Prerna Khar² *

1- Assistant Professor

2- Consultant Psychiatrist

Department of Psychiatry, Early Intervention and Rehabilitation Centre for Children, TNMC and BYL Nair Charitable Hospital, Mumbai, India

Child and adolescent Psychiatry (CAP), as we all know, is still an upcoming and niche branch of Psychiatry in many developing countries. Though children constitute a major segment of the population worldwide, specialized care to cater to their needs is not yet available in all parts of the world, especially developing countries such as India.

The COVID 19 pandemic underscored the above fact by bringing a plethora of emotional and behavioral concerns in children and many of them are still grappling with its after effects. We were pursuing our post-doctoral fellowship in child and adolescent mental health (CAMH) at TNMC and BYL Nair Charitable Hospital when the COVID19 pandemic struck, forcing us to move to virtual means of education and telehealth, as our centre was declared a dedicated COVID hospital. We had applied for the Howard Cooper Travelling Fellowship (HCTF) in CAP while we were pursuing our fellowship and were lucky to be awarded the same in 2021. The HCTF is awarded by the Royal Australian and New Zealand College of Psychiatrists (RANZCP), Faculty of Child

and Adolescent Psychiatry, that honours the life of Dr Howard Cooper, a child and adolescent psychiatrist. It enables a trainee psychiatrist or a psychiatrist from the Asia-Pacific region to gain experience in Child and Adolescent Psychiatry in Australia and New Zealand. Being the first from our country to win this award, added to our delight. Unfortunately due to the ongoing pandemic and border closures, we were unable to undertake the same in 2021, though the association was continuously in touch with us for the next 2 years.

After a long wait of 2 years we had the opportunity to visit Australia in August 2023 and it was indeed worth the wait. The fellowship was clubbed with the Faculty of Child and Adolescent Psychiatry conference at Noosa, followed by one week of clinical observership at Brisbane at Children's Health Queensland (CHQ) Hospital and Health services. We began the conference with a pre-conference workshop on 'Adapting Cognitive Behaviour Therapy for children and adolescents with intellectual disabilities'. The three hour long session kept us engaged, as we learned many



CAP Conference at NOOSA



Preconference workshop on CBT for children with Intellectual disabilities

practical tips and techniques, especially in the cognitive domain where we often encounter difficulties while addressing children with intellectual difficulties. The conference in whole was an academic feast, with a wonderful opportunity to interact with colleagues who shared the same passion as us. Our next 3 days were occupied with attending conference sessions which were mainly on the topics, comprising of developing systems to bridge treatment gaps in CAMH services, experience and learnings from different centers providing specialized care and discussing various treatment approaches and care models for varied mental health needs of children and adolescents.

Bidding adieu to Noosa, we headed to Brisbane for our clinical observership program. Our schedule was designed by psychiatrists at the CHQ, which included observation across outpatient community centres and in-patient settings at the hospital and subacute

indoor facilities at Jacaranda place. What we noticed was that their system was quite different from our system back in India, but similar to the one, which most developed countries have. They have multidisciplinary teams spread across Brisbane comprising of mental health and allied health professionals, along with an indigenous worker who serves as the link between the society and the health care professionals. Their services included hospital-based teams, community-based teams, day programs, forensic teams, telepsychiatry, youth residential care and specialty teams.

On our first day we were accompanied to an extended treatment centre for young people, Jacaranda Place by its Medical director who was also the coordinator for our program in Brisbane. The centre consists of a 12 bed subacute adolescent inpatient service and a day program dedicated to provide integrated educational and mental health services. The centre focuses on

improving the overall functioning and capacity of the young person for a smooth and successful transition into the community. The inpatient unit admits young people with complex mental health needs who have sufficient insight and willingness to work on their goals. The whole centre has an engaging and LGBTQ+ friendly atmosphere, adapting the individualized and recovery focused care model. The multidisciplinary and multisystem interventions carried here include pharmacotherapy, individual, family and group therapies. The group therapies include art, music, physical therapy, cooking, group outings etc. In order to maintain the child's routine, educational needs, social functioning, and overall development, it also has an in-house school with special educators. They formulate a structured schedule for each child collaborating with their

parent school. We were able to have fruitful discussions with various team members to get an overall understanding of the system.

On our second day we were placed with the liaison team (CL) in the CHQ hospital. We were able to observe case discussions and interviews with children and their family members after obtaining their consents. We also had the opportunity to interact with the hospital's neurodevelopmental paediatrician who gave us insights into the systems in place and various programs catering to neurodevelopmental disorders. On the 3rd day we visited the hospital in-patient child and adolescent mental health units and were able to see the intake and follow up procedures from various centres via tele-discussions across different community mental health centres. The hospital also houses a



Jacaranda Place-Subacute care for young people



Queensland Children's Hospital, Brisbane

school in its campus to maintain the routine of children, continue their education and aid in their overall development.

The rest of our observership had visited to various child and youth mental health services (CYMHS) located in the community, which included 0-4 CYMHS, perinatal mental health centre, eating disorder clinic and Nundah Child and Youth Mental health services, catering to populations with specialized needs. We spent a day at the 0-4 CYMHS, which caters to the 0-4 age group and their parents. The team visits families and assesses them in their home environment. They organize groups and individual sessions for parents and young children. They also work with pregnant women with perinatal mental

health issues and foster positive attachment towards their unborn child. We had a lot to learn from the eating disorder specialty clinic visit, situated at Greenslopes, which provided us with a different perspective of approach and management styles. The therapists here use family-based therapy, cognitive behaviour therapy-enhanced and multiple family-based therapies to address eating disorders. At Nundah Child and Youth Mental health services that caters to adolescents with complex mental health needs, we were able to interact with an indigenous worker and learn from his experience in this field.

The entire program gave us an overview of the mental health care systems in Queensland, Australia. The system in place is community and recovery

oriented with the aim of prevention and treatment at the earliest age possible. It has broadened our horizons and will help us to strengthen systems back in India. Child psychiatry requires a community approach, with cooperation and support from all stake-holders. We hope to integrate some of these learnings and incorporate some of the systems into our set up, and continue our community work in order to help the young population better. This program has also given us an opportunity to build connections with the mental health professionals in Australia. We highly recommend this program to psychiatrists interested in child psychiatry, especially those in low and middle income countries, where resources are scarce, as it will help them serve the community better.

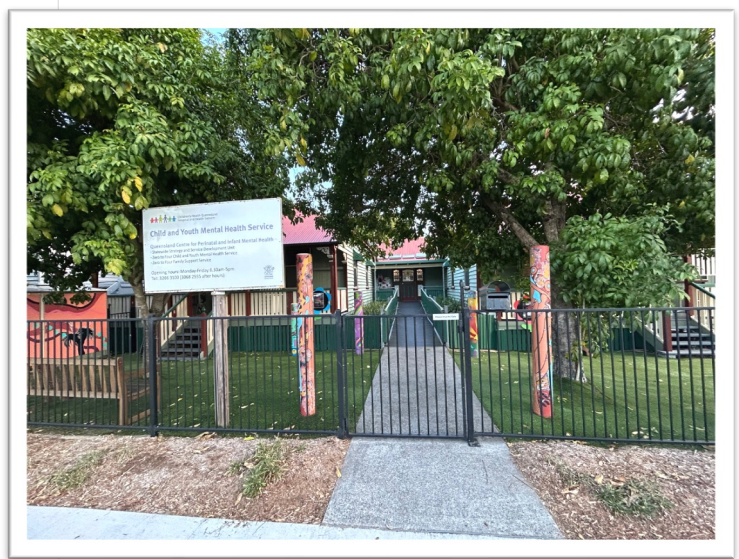
ACKNOWLEDGEMENT

We express our heartfelt gratitude to our mentor Dr Henal Shah, who encouraged us to take up this fellowship and apply for the same. We would like to thank the RANZCP, faculty of CAP for awarding this fellowship to us. We would like to thank the doctors at CHQ- Dr Arun Pillai Sasidharan, Dr Michelle Hellyer, Dr Claire McAllister, Dr James Scott, Dr Honey Huessler, Dr Salvatore Catania, Dr Ewa Bodnar, Dr Victoria Gladwell, and all the other doctors and staff at CHQ, who were very warm and helpful. We would also like to thank the membership services coordinators at RANZCP who helped us plan our trip.

Interested applicants can apply for this fellowship by logging onto - <https://www.ranzcp.org/grants-awards-giving/awards-and-member-recognition/faculty-and-section-awards/child-adolescent-psychiatry>



With the clinical team at Nundah 0-4 CYMHS



Nundah CYMHS Clinic for Perinatal mental health(0-4yrs)

Report on the Fifteenth European Conference on Tourettes Syndrome

By: Dr Seonaid Anderson Cpsychol, Chartered research psychologist and freelance neurodiversity consultant, CEO of Neuro-diverse and Behavioral Therapy for Tics Institute (BTTI), Chair of TTAG research committee Secretary of Iktic-Jetique Belgian Tourette Syndrome Support Association

The European Society for the Study of Tourette Syndrome (ESSTS) conference took place between the 7th-9th of June at the Royal Museum for Central Africa in Brussels. This was the first time it was held in Belgium with assistance from local organisers Neuro-Diverse (www.neuro-diverse.org) and Iktic-Jetique Belgium (www.iktic.be).

Canada, Iceland, Sweden, Norway, Germany, France, Italy, Greece and the Netherlands to name a few.

Another record broken was the number of abstract submissions this year as well as endorsements of the conference by the International Parkinson and Movement Disorder Society (MDS) and



Doctors, researchers, scientists and numerous patient associations from different nations participated with 150 attendees from 20 countries present. The conference organisers were truly delighted by the record-breaking attendance with attendees from Australia,

the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). The conference was also graced with the presence of the wonderful Professor Mary Robertson with us on her birthday the 7th of June - also marked as Tourette Syndrome awareness day!

A meeting of the patient association umbrella called Tics and Tourette Across the Globe (TTAG) <https://ticsandtourette.org/> also took place as part of the conference event. The support associations discussed collaboration between doctors and patient associations to help support the creation of new associations in countries where none exists.



Hilde Crevits

Christian Democratic and Flemish party who is currently the Flemish minister of Economy, Innovation, Work, Social economy and Agriculture.

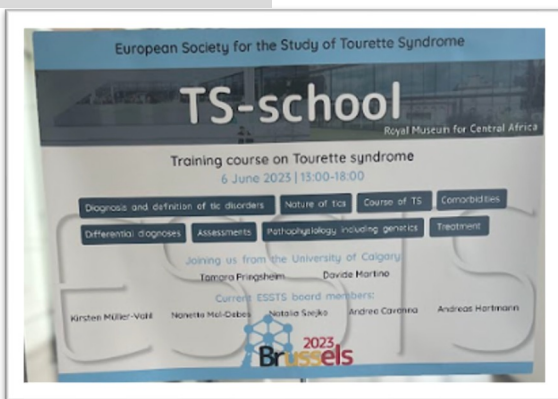
Amazing add-ons to the conference include a 'training school' for clinicians (physicians, psychologists, psychotherapists, nurses, medical students and other professionals) and behavioural therapy for tics training workshops in French and English to cater as many Belgian healthcare professionals as possible <https://www.essts.org>.

It feels like in Belgium we are very far behind in terms of awareness of Tourette Syndrome and tic disorders including their diagnosis and treatment. So this conference will leave a legacy for years to come which hopefully will highlight the advances that could be made to improve the lives of those with Tourette syndrome in Belgium as well as those around the world.



TTAG Meeting

TS-School



Although somewhat lacking in participation from Belgian healthcare professionals the conference was opened with a video message from Hilde Crevits who is a Belgian politician from Flanders and member of the

Obituary

Prof Barry Nurcombe

By: Nick Kowalenko, Senior Clinical Lecturer, University of Sydney, Child Psychiatrist South Eastern Sydney & Deputy Chair, Emerging Minds

It is with great sadness that we announce the passing of Professor Barry Nurcombe, a highly respected and accomplished child and adolescent psychiatrist. Professor Nurcombe's impact on the field of child and adolescent mental health was profound and will continue to be felt for generations to come.

Professor Nurcombe was born and educated in Australia, where he began his illustrious career. With a lifelong dedication to understanding and improving the mental health of children and adolescents, his contributions to the field were numerous and significant.

He served in various esteemed positions throughout his career, including as Professor of Child Psychiatry at the University of Queensland, Australia, and as Professor of Psychiatry and Pediatrics at Vanderbilt University in the United States. He also made valuable contributions to international organizations, notably the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) & was awarded the IACAPAP



Prof Barry Nurcombe

Image source: www.storiesuq.edu.au

medal in 2010 in recognition of this. He further established his reputation as a global leader in his field not only through his academic contributions, but also through his sound command of Japanese, his life-long interest in eastern cultures and his appointments as a Visiting Professor in Germany, Malaysia & Japan.

Professor Nurcombe was a prolific author and an esteemed researcher, known for his scholarly rigor, intellectual curiosity, and unwavering commitment to evidence-based practices. His publications, encompassing a wide range of topics within child and adolescent psychiatry, have greatly shaped the discipline and continue to guide professionals in their work. His research into clinical reasoning, his elucidation of the processes underpinning effective treatment planning in combination with his survey of reliable treatment outcome measures set a benchmark for our profession for evidence based practice. He was a pioneer in this field. He also forthrightly pursued his academic interests in emerging fields such as child and adolescent forensic psychiatry, cross-cultural child psychiatry, global mental health and early intervention early in life to name a few.

Outside of his academic accomplishments, Professor Nurcombe will be remembered as a compassionate clinician, a supportive mentor, and a wise teacher. He had an innate ability to connect with people, be they his patients, students, or colleagues. He was deeply admired for his dedication to his work, his intellectual insights, his ethical values, his generosity of spirit, his curiosity and his innate sense of kindness; attributes that were the foundation for his profound influence on clinical and academic practice.

In losing Professor Nurcombe, we have lost a true giant in the field of child and adolescent psychiatry, but his legacy will continue to live on in the countless lives he touched, the professionals he inspired, and the field he helped to shape.

Our deepest condolences go out to Professor Nurcombe's family, friends, and colleagues during this difficult time. As we mourn his passing, we also celebrate his extraordinary life and contributions. He has left an indelible mark, and his spirit will continue to inspire those who carry on his work in improving child and adolescent mental health worldwide.

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 September 2023 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH: Secure attachment predicts lower societal cost amongst severely antisocial adolescents (Bachmann et al., (2023), Social media use of adolescents who died by suicide: lessons from a psychological autopsy study (Balt et al., 2023) and Physical discipline as a normative childhood experience in Singapore (Sudo et al., 2023).

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Secure attachment predicts lower societal cost amongst severely antisocial adolescents

[Christian J Bachmann](#) , [Sajid Humayun](#), [Madeleine Stevens](#), [Thomas G O'Connor](#) & [Stephen Scott](#)

Child and Adolescent Psychiatry and Mental Health **17**, Article number: 56 (2023) | [Cite this article](#)

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Bachmann et al., (2023) lay emphasis on the significant economic consequences of antisocial behaviour in adolescents and set out to explore the hypothesis that the attachment quality of adolescents to their parents might predict economic costs for society in a high-risk sample of adolescents with substantial levels of antisocial behaviour.

The authors use data from the Study of Adolescents' Family Experiences (SAFE), a randomised controlled trial of Functional Family Therapy (FFT) that was carried out in the UK from 2008 to 2011 (Humayun et al., 2017) in which 111 adolescents (10-17 years; 71% male)

were recruited. They carry out a structured interview with the primary caregiver to collect sociodemographic data and use the short version of the Alabama Parenting Questionnaire (APQ-15) to evaluate conduct disorder symptoms of the adolescent and parenting style respectively. They assess the subjects using the Self Report Delinquency (SRD) questionnaire, the "callous-unemotional (CU) traits" subscale of the Antisocial Process Screening Device (APSD), the Wechsler Abbreviated Scale of Intelligence (WAIS), and Child Attachment Interview (CAI). The team analyses the data using generalised linear models that do not assume a normal distribution, however, a

Tweedie distribution was assumed to account for the left-skewness of the cost data. They perform the Mann-Whitney-U test to compare the means of attachment to mother and father.

The team reports a very high rate of self-reported delinquent acts and CU personality traits. They note significantly lower rates of attachment security (both to mothers and to fathers) than in normal risk samples. Attachment insecurity to fathers and CU traits predicted highly significant increased cost ($p = 0.001$); secure attachment to both parents predicted further cost savings than to father alone ($p = 0.001$); other predictors of cost were older age, youth with a lower IQ, and those with higher delinquency level.

The authors mention the study strengths - a comprehensive assessment of the sample using a multi-method, multi-informant approach; and statistical

analyses done adjusting for potential confounders, and acknowledge its limitations - a cross-sectional design; missing data on attachment (as many adolescents came from non-intact families); and lack of generalizability as the study sample was very high-risk and already in the social care system in the UK. They conclude that maternal overweight/obesity, particularly with gestational diabetes, is linked to increased behavior problems in offspring and early gut microbiota, feeding practices, and maternal factors also play a significant role. They suggest the provision of evidence-based parenting programmes to support parental sensitivity and child attachment quality to improve the wellbeing of children and families and reduce societal economic costs.



**SUBMIT AN ARTICLE TO
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Social media use of adolescents who died by suicide: lessons from a psychological autopsy study

[Elias Balt](#) , [Saskia Mérelle](#), [Jo Robinson](#), [Arne Popma](#), [Daan Creemers](#), [Isa van den Brand](#), [Diana van Bergen](#), [Sanne Rasing](#), [Wico Mulder](#) & [Renske Gilissen](#)

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Balt et al., (2023) elaborate the influence of social media on the mental health of adolescents. They set out to elucidate the meaning of social media in the lives of adolescents who died by suicide and to examine its effect on their wellbeing and distress. They also aim to identify the needs of adolescents and next-of-kin in relation to digital suicide prevention strategies and understand the challenges next-of-kin faced in talking to young people about safe social media use.

The authors use data from an observational, psychological autopsy study concerning adolescent suicide in the Netherlands (Mérelle et al., 2020). They design a qualitative study to interview one or both parents of the adolescent (primary informants) and other family members and peers (next-of-kin), teachers and health care professionals (secondary informants). However, they do not include data collected from teachers and health care professionals mentioning that their day-to-day contact with the adolescents was limited. They conduct 37 interviews with parents and 18 interviews with peers of 35 deceased adolescents (18 girls and

17 boys). The age of the victims ranged from 14 to 19 years, with a mean age of 17 years. They recruit primary informants through their general practitioner and secondary informants through the primary informants. They conduct post hoc explorative analyses on the psychological autopsy data by employing Interpretative Phenomenological Analysis.

The team reports that all the deceased adolescents used social media. They elucidate the following themes related to the harmful effects of social media such as "dependency and excessive social media use", "social comparison and distorted perceptions about mental health", "triggers and imitation", "cultivation of a suicidal identity", "challenges and impulsive behaviours", and "victimization and entrapment". In addition, they also discuss themes such as "supportive use of social media", "experiences with monitoring and engaging adolescents about social media", "unfamiliarity", "online anonymity" and "restriction and resistance". They recommend exploring strategies for youth's self-advocacy and self-efficacy and underscore the need to

equip adolescents with handles for conscientious and responsible social media use.

The authors acknowledge the limitations of their study: lack of a control sample, the focus of the study on risk factors of suicide alone and not protective factors, its lack of focus on the role of online influencers and the possibility of recall bias. They conclude by highlighting the


importance of equipping young people, next-of-kin and policymakers with knowledge and skills to create a safer online environment. They suggest future research to examine the influence of virtual social networks in sustaining suicidal thoughts and behaviour, and investigate the effectiveness of digital interventions such as moderated peer support and the use of positive role models.

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



Research | [Open Access](#) | [Published: 29 June 2023](#)[Click here to access the article](#)

Physical discipline as a normative childhood experience in Singapore

[Mioko Sudo](#), [Ying Qing Won](#), [Winnie W. Y. Chau](#), [Michael J. Meaney](#), [Michelle Z. L. Kee](#), [Helen Chen](#), [Johan Gunnar Eriksson](#), [Fabian Yap](#), [Anne Rifkin-Graboi](#), [Henning Tiemeier](#) & [Peipei Setoh](#) 

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Sudo et al., (2023) discuss the cultural normativeness theory and lay out a context to examine the normativeness of parental physical discipline in Singapore. They recruit participants as part of the most comprehensive longitudinal birth cohort study in Singapore, Growing Up in Singapore Towards healthy Outcomes (GUSTO) study (Soh et al., 2014).

The team recruits 710 children (340 girls, 370 boys) with data on parenting at one or more assessments at ages 4.5, 6, 9, and 11 years. They collect data by using Parenting Styles and Dimensions Questionnaire–Short Version (PSDQ) to obtain maternal reports of parenting when children are age 4.5 and 11, and maternal and paternal reports of parenting when children are age 9, Alabama Parenting Questionnaire (APQ) to obtain maternal and paternal reports of parenting when children are age 6 and the Parental Bonding Instrument for Children (PBI-C) to obtain child reports on their parents' parenting when they are age 9. They assess the prevalence of physical discipline of children at four different ages using parental self-reports

of physical discipline in the PSDQ at the age 4.5, 9, and 11 assessments, and the APQ at the age 6 assessment. They explore the change in the prevalence of physical discipline from early to middle childhood in 611 children with maternal reports on their own and the fathers' use of physical discipline in the PSDQ, and data on age at the time of assessment, in at least one assessment at age 4.5, 9, and 11 years. They also examine the relationship between parents' self-reported frequency of using physical discipline in the PSDQ and children's reports on their parents' parenting in the PBI-C at age 9. They perform a generalized linear mixed model to analyse whether children's age predicted their exposure to physical discipline and linear regression analyses to assess whether children's exposure to physical discipline predicted their evaluation of their parents' parenting.

The authors report a prevalence of 81 to 94% of use of at least one physical discipline. They note a decrease in this prevalence from age 4.5 to 11 years ($B = -0.14$, $SE = 0.01$, $OR = 0.87$, $p < 0.001$).

Mothers' self-reported frequency of using physical discipline did not significantly relate to how children rated their mothers' parenting. Fathers' use of physical discipline is significantly and negatively associated with both their warmth and autonomy granting. The authors mention that their study "was not adequately designed to determine finegrained peaks and valleys in the prevalence of physical discipline over childhood, as the PSDQ was administered at unequal intervals, with at least a few years of interval between each assessment" and suggest future research to elucidate whether within-person variance in cognitive skills and parent-child relation associated with exposure to physical discipline, to comprehensively examine how physical discipline could impact child development in Singapore, and to understand whether "repair" behaviors moderate the impact of physical discipline.

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IACAPAP
International Association for Child and Adolescent Psychiatry and Allied Professions



Application Open 8th August 2023

Application Close 1st March 2024

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IACAPAP Education Travel Grant was established to support attendance from LMIC to attend the Association's conferences, including IACAPAP World Congress.

The IACAPAP Education Travel Grant is made available by IACAPAP to supplement participation costs for IACAPAP Individual Member from LMIC presenting at the Association's conferences. The grants are not intended to cover all expenses. The Secretary-General administers the travel grant budget. The number and amount of funding are based solely on contributions received.

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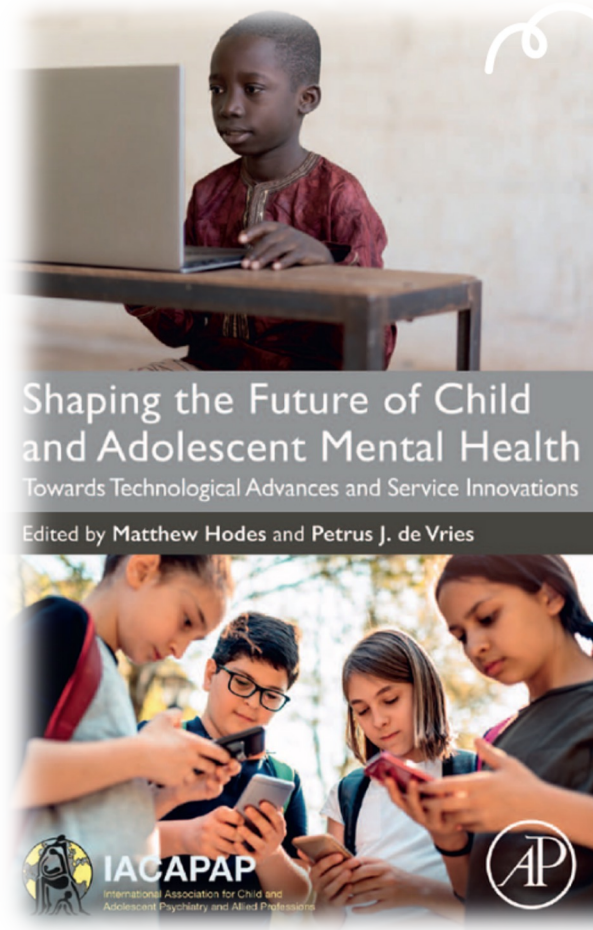
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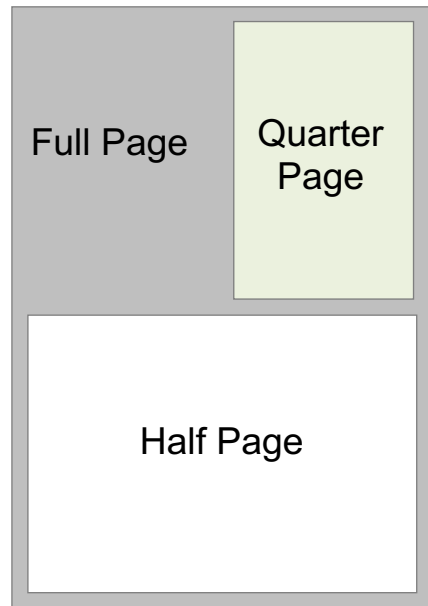
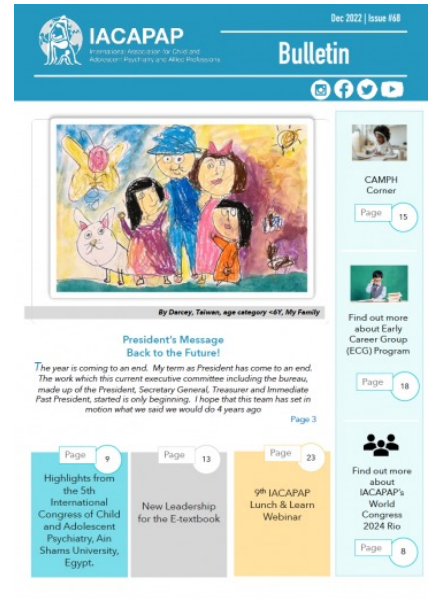
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