



P9 – P10

Starting at the Beginning

Laying the Foundation for Lifelong Mental Health

The JM Rey's
IACAPAP e-
TEXTBOOK: An
Exciting Milestone
and A Renewed
Commitment!

P7

Child and
Adolescent
Psychiatry in Sri
Lanka

P12

The Latin American
Federation of Child
and Adolescent
Psychiatry (FLAPIA)
Thriving in the Face
of the Pandemic

P17

CONTENTS

Editor

Hesham Hamoda (Boston, USA)

Deputy Editor

Maite Ferrin (London, UK)

Correspondents

Andrea Abadi (Buenos Aires, Argentina)
Birke Anbesse Hurrissa (Addis Ababa, Ethiopia)
Tolu Bella-Awusah (Ibadan, Nigeria)
Füsün Çuhadaroğlu Çetin (Ankara, Turkey)
Francisco Rafael de la Peña Olvera (Mexico DF, Mexico)
Daniel Fung (Singapore, Singapore)
Naoufel Gaddour (Monastir, Tunisia)
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)
Sifat E Syed (Bangladesh)
Olga Rusakovskaya (Moscow, Russia)
Dejan Stevanovic (Belgrade, Serbia)
Laura Viola (Montevideo, Uruguay)
Chris Wilkes (Calgary, Canada)
Azucena Díez-Suárez (Pamplona, Spain)
Cecilia Hernández-González (Cádiz, Spain)

Former Editors

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

IACAPAP President's Message

P3

The JM Rey's IACAPAP e-TEXTBOOK:
An Exciting Milestone and A Renewed
Commitment!

P7

Starting at the Beginning: Laying the
Foundation for Lifelong Mental Health
(2020)

P9

24th World Congress of the
International Association of Child &
Adolescent Psychiatry & Allied
Professions (IACAPAP)

P11

Child and Adolescent Psychiatry in Sri
Lanka

P12

The Latin American Federation of
Child and Adolescent Psychiatry
(FLAPIA): Thriving in the Face of the
Pandemic

P17

The Covid-19 pandemic and child and
adolescent psychiatric service in
Germany – acute challenges and the
need to consider long-lasting effects
for mental health service for children

P20

The European Society For Child and
Adolescent Psychiatry (ESCAP)
Publishes Its Endorsed Autism
Practice Guidance

P25

Early career child and adolescent
psychiatrists and COVID19 - Light at
the end of the tunnel?

P27

The Argentine Association of Child and
Youth Psychiatry and Related
Professions (AAPI) and The COVID-19
Pandemic

P31

IACAPAP President's Message – Sept 2020

Finding the e in Child Psychiatry

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



My first encounter with Telemedicine was in the year 2000. The turn of the millennium was touted as a potential end of world event because of the risks of Y2K as it was then called. I was about to spend one full year in Toronto, Canada, understanding the practice of child psychiatry outside the warmth of our Singapore womb. Thrust into North American and Canadian psychiatric practice, with an entire family of 4 kids in tow (and one to come as my son, Peter was born in the bitter cold of one of Toronto's coldest winters in 21 years). But my time at the Hospital for Sick Children (amiably called Sick kids) was really eye opening for me,

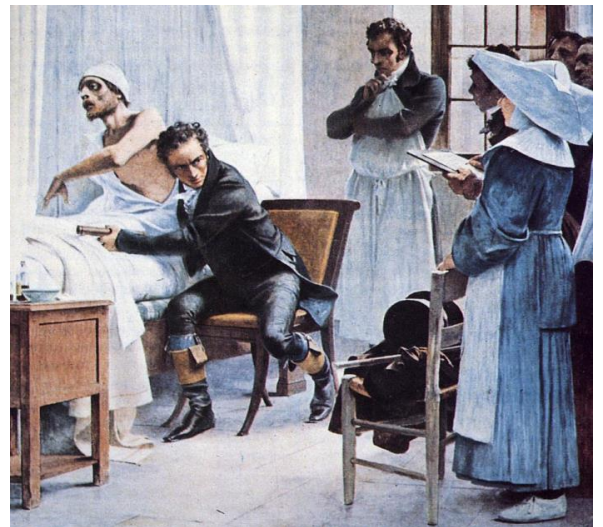
particularly in the use of the eHealth and telemedicine. That year, I attended a digital health conference in Montreal; watched a video conference between mental health professionals in Toronto speak with some of the colleagues up north, hundreds of miles away; and started a support group for selective mutism along with a website which I created called the "Quiet Room". I learned (a little) HTML and how we could develop WYSIWYG (What you see is what you get) websites and how, even then, the hospital was already encouraging their clinicians to develop web content for the hospital's website. The use of the web in education and

clinical practice was already quite established. And I was intrigued by the possibilities in child and adolescent mental health practice. Yet fast forward to 2020, we are still struggling globally to really harness the technology into clinical practice. When the pandemic struck in the early months of 2020, and we realised the need to continue our practice while reducing physical connections, it was obvious that telepsychiatry would be the way forward. Yet many detractors emerged and discouraged the use of technology to connect with patients citing risks and dangers as if this were something new. The concerns ranged from technological flaws (security, bandwidth, and poor access to equipment) to digital hesitancy or even downright phobia.

I thought that I should share a little of what I have learned over the years on telepsychiatry in child and adolescent mental health practice and why this old form of technology enabled treatment may be the new normal. Let us start by understanding what telemedicine in general is about.

As defined by WHO, the broader construct of eHealth refers to the use of information and communication technologies (ICT) for health. Telemedicine definition adopted by [WHO](#) in 2007 was “The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and

their communities” Parts of this definition is no longer valid in today's context with the need for infection control measures. I would simply say it is the use of ICT to improve connections with patients. In its simplest form, it consists of a virtual consultation in which the physician and the patient are physically distanced but connected by voice or visuals. The oldest form of telemedicine would conceivably be that between a doctor and their patient speaking over the phone. The telephone has been a critical part of medical practice connecting physicians, other team members, patients, and families. I have certainly remembered having teleconferences over the phone with multiple parties speaking about patients and sometimes with families alongside. By 1980s, the use of videoconferencing became commercially available and rapidly became popular with the use of voice over internet protocols (VOIP) and Skype.



Medicine was slower in taking this up, but you get the picture. It was now possible for doctors to connect with patients in both audio and visual means. One of the biggest problems with medical practice is the considerable

efforts that we make in doing things according to respected and time-honoured traditions. Innovations that disrupt these practices are looked at with suspicion at best and paranoia at worst. Imagine if you would before the invention of the stethoscope, physicians use to bring their heads onto the chests of their patients and that would be regarded as standard practice.

With the advent of better and faster technologies, the ability to communicate both verbally and in visual contact made it incredibly attractive to see patients across vast distances, restricted only by time zones. In fact, the regulatory landscape is beginning to consider how to license such practices. In Singapore, we have moved away from premise-based licensing to service based licensing with our new [Healthcare Services Act \(HCSA\)](#) which passed into law by parliament early this year.

What are the imperatives for telemedicine today? The fact that populations are familiar with commercial devices that help them connect in many of their daily activities, whether it is in obtaining goods (shopping) or services (ordering food). The increasing availability of products that help monitor health such as apps and wearables add to this. In fact, a survey by [Foley](#) (check reference) showed that in America, 76% of health leaders are developing and implementing telemedicine technology with 73% satisfied with its use. More importantly, the people want this. In America, more than 64% of the patients are open to a video visit.

Telepsychiatry is the practice of psychiatry in Telemedicine and we

certainly should be the first on this bandwagon because psychiatry is all about conversations and connections. We spend long periods listening and looking at our patients. These are quite easily accomplished with the present telepsychiatry set ups. And I say this in the simplest way, for patients using the ubiquitous cell phones, to speak with their doctors and reduce the need for face to face visits. In fact, telepsychiatry can bring new ways of connectivity and interactions that were previously difficult to arrange. One example that comes rapidly to mind is the family session and the ability to connect with everyone regardless of where they are, assuming that a quiet, privacy-enabled spot can be found.

Telepsychiatry is also not restricted to a physician patient consult for clinical purposes, it is also about telemonitoring, for remote data collection and response to dynamic emotional states; telecollaboration which is the professional interactions for clinical purposes such as case conferences and discussions on care arrangements and finally; tele support which is case management or information sharing with patients and their families and caregivers. Many of these things already exist around the world. [Project ECHO](#) developed in New Mexico in 2003, at its very heart is a telecollaboration platform.

This year was supposed to be our 24th World Congress in Singapore but instead of the usual meeting, for the first time in our history, IACAPAP will be holding a [virtual congress](#) from the 2-4 December. This too may prove to be another form of telecollaboration.

Child psychiatrists and allied professionals in our field must learn to embrace this new normal and develop new standards to improve global mental health. The Joseph M Rey IACAPAP Textbook of child and adolescent mental health is commissioning a new chapter on Telepsychiatry led by two leaders, Kathleen Myers and Patricio Fischman who will undoubtedly bring new knowledge and explanations on how this can be accomplished across the world, safely, accurately and with cultural relevance.



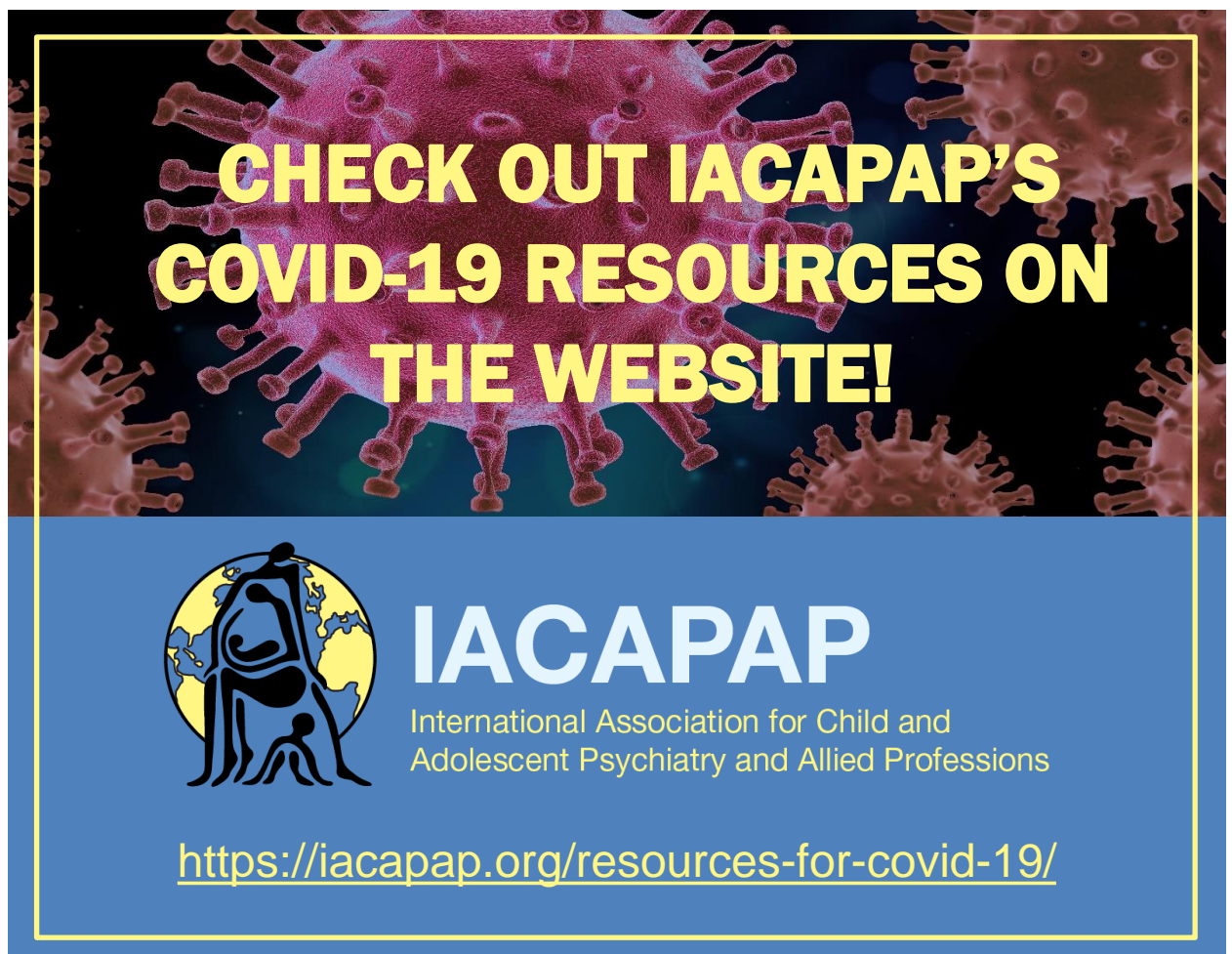
**SUBMIT AN ARTICLE TO
THE IACAPAP
BULLETIN!**

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



**CHECK OUT IACAPAP'S
COVID-19 RESOURCES ON
THE WEBSITE!**

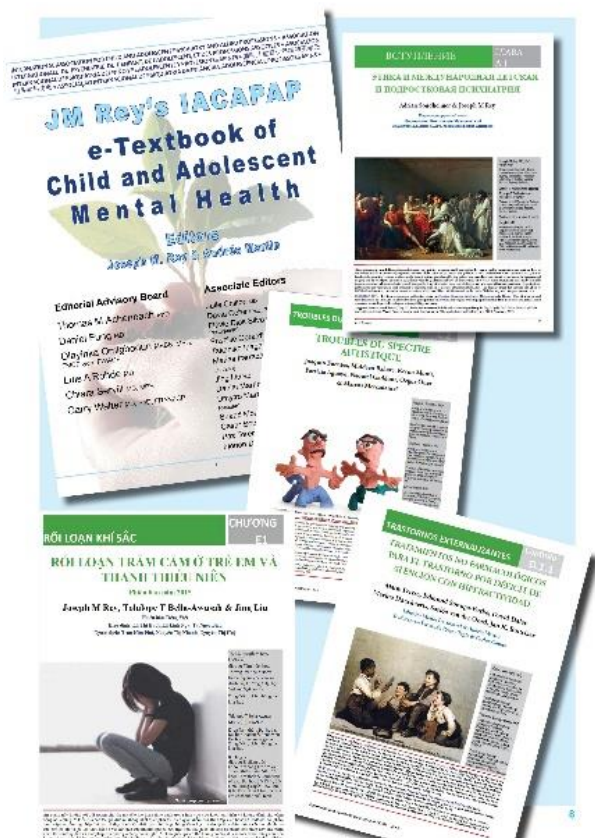
 **IACAPAP**
International Association for Child and
Adolescent Psychiatry and Allied Professions

<https://iacapap.org/resources-for-covid-19/>

The JM Rey's IACAPAP e-TEXTBOOK: An Exciting Milestone and A Renewed Commitment!

By:

1. **Joseph Rey, Adjunct Professor, Sydney Medical School, Notre Dame University; Honorary Professor, Discipline of Psychiatry, University of Sydney, Sydney, Australia**
2. **Andres Martin, Riva Ariella Ritvo Professor, Child Study Center. Director, Standardized Patient Program, Teaching and Learning Center, Yale School of Medicine. Medical Director, Children's Psychiatric Inpatient Service, Yale-New Haven Children's Hospital**



Mohammed-Hamid Osman, head of the Department of Mental Health Nursing, Asmara College of Health Sciences in Eritrea, wrote in the IACAPAP Bulletin (February, 2016): “The school of nursing at the Asmara College of Health Sciences planned to start a specialty course in psychiatric/mental health nursing. My department head asked me

to prepare the content of the course, the curriculum. I was shocked by her request and asked ‘How is it possible to start a training program in mental health with such lack of resources?’ She replied ‘Don’t worry, just go to the Internet when the electric power is back and look for some resources [...]. One night at 3am I went into the Internet and typed ‘child and adolescent mental health’ in the Google search bar [...] Among the search results was the contents page of the IACAPAP Textbook of Child and Adolescent Mental Health. I downloaded the whole book from the web and I made sure I did not leave out a single page; I was very happy to get a complete book for free...”

In 2012, IACAPAP sought to put in the hand of every health professional a free, up to date, evidence-based textbook. “This e-book is a joint venture between child and adolescent psychiatrists and allied professionals in better-resourced parts of the world and the vanishingly few CAMH professionals in resource-poor regions working together. This arrangement fulfils another of IACAPAP’s objectives of facilitating partnerships between developed and developing countries for the purpose of education and training, encouraging

learning and growth on both sides, and helping to reduce the disparity in accessibility of CAMH resources,” wrote Nigeria’s Olayinka Omigbodun, the then President of IACAPAP.

Now, eight years later, the eBook has achieved more than one million pageviews, there are versions in 11 languages (Arabic, Chinese, English, French, Hebrew, Japanese, Norwegian, Russian, Portuguese, Spanish, and Vietnamese), 64 chapters, and several hundred experts from all over the world have contributed. In addition, PowerPoint teaching slides are available for many of the chapters allowing professionals to further disseminate knowledge. One could think that the aims have been achieved. Who would have thought in 2012 that such a project would go so far? John Hamilton, an American child psychiatrist summarised the eBook as “Free, authoritative, and fun to read!” Perhaps this is one of the explanations for its success.

Working in the textbook has been useful



Top photo: Photo 1: From left, Daniel Fung, Joseph Rey & Olayinka Omigbodun at the Paris IACAPAP congress in 2012, where the eBook was officially launched.

Right photo: Andrés Martín & Matías Irrazábal

for contributors in other ways, not just to make available up-to-date, reliable information. “The Vietnamese version of the textbook provided a means for experts in Vietnam to have a common platform for coherence and closer cooperation.” (Hue Nguyen MD). “It has been a great pleasure to work as editor of the version in Portuguese of the IACAPAP Textbook. Besides keeping in contact with renowned professionals in the field, this initiative has taught me much about one of the most powerful tools for human development: collaboration.” (Flávio Dias Silva, MD, Brazil).

The real challenge is ensuring the textbook remains up to date, available in more languages, and that it becomes a more useful learning instrument. Success has been the result of the generous contribution of hundreds of professionals. They are the real heroes in this journey and they deserve our gratitude. You can find their names on the various chapters and translations.

You can access the textbook here: <https://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health/>





Starting at the Beginning

Laying the Foundation for Lifelong Mental Health

Edited by Matthew Hodes, Susan Shur-Fen Gau, and Petrus J. de Vries



IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions



Starting at the Beginning: Laying the Foundation for Lifelong Mental Health (2020)

2020 World Congress Book

Edited By: Matthew Hodes, Susan Shur-Fen Gau, and Petrus J. de Vries. (Academic Press)

Starting at the Beginning: Laying the Foundation for Lifelong Mental Health is published to coincide with a series of web-based events that replace the 24th International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) Congress in Singapore. As a result of the COVID-19 pandemic the face-to-face congress was replaced by an introductory webinar in July 2020, and a virtual congress to take place in December 2020.

This book examines epidemiological and cultural perspectives in Child and Adolescent Mental Health (CAMH), risk, prevention, and intervention opportunities in developmental neuropsychiatry, new perspectives on problems and disorders, and Asian Perspectives in CAMH policy and services.

It addresses the ways in which interventions and mental health services can be developed and shaped to address the individual differences amongst children in different contexts.

Specific chapters address national epidemiological surveys of child and adolescent mental health including the Taiwanese survey (Gau and Chen, chapter 1), and cultural psychiatry as a the basic science addressing mental health and disparities (Guerrero and Andrade, chapter 2). Chapters on developmental neuropsychiatry address consequences of chemical

exposure amongst children in South Korea (Jang et al, chapter 3), early life determinants of health and breaking the cycle of disadvantage (Eapen et al, chapter 4), and implementation of early interventions for autism spectrum disorders in resource limited settings, exemplified by South Africa (Schlebusch et al, chapter 5). The third section on problems and disorders provide a developmental model of Hikikomori (Kato, chapter 6), a chapter on gaming disorder (King and Delfabbro, chapter 7), and chapters on common challenges and pitfalls in treating paediatric OCD (Krebs et al, chapter 8), and developmental perspectives and treatment implications for ADHD (Coghill and Seth, chapter 9). The final section addresses child-centric mental health policies (Fung and Poremski, chapter 10), policy and practice of CAMH in China (Zheng, chapter 11), and CAMH needs, services and gap in East and South East Asia and Pacific (Hirota, et al, chapter 12).

The chapters are written by internationally recognised experts, in an accessible style, and illustrated with many figures and tables.

The first 1000 registrants at the IACAPAP virtual congress 2nd - 4th December 2020 will receive a complimentary copy of the IACAPAP book (print or eBook). It is also available from Elsevier: [Click here for the eBook](#)

24th World Congress of the International Association of Child & Adolescent Psychiatry & Allied Professions (IACAPAP)



The banner features a background of a futuristic cityscape with purple and blue tones. On the left, a white box contains the following text: '24th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions', 'Starting from the Beginning - Laying the Foundation for Lifelong Mental Health', '2 - 4 December 2020', and 'Click here to join IACAPAP 2020 mailing list for the latest virtual congress news and updates!'. On the right, a yellow box says 'REGISTRATION OPENS SOON!'. Below that is a white silhouette of a person's head with a brain, and the text 'IACAPAP 2020 SINGAPORE VIRTUAL CONGRESS'. At the top right is the website 'www.iacapap2020.org'. At the bottom, there are three sections: 'Organised by:' with IACAPAP and Institute of Mental Health logos; 'Hosted by:' with the Singapore Psychiatric Association logo; and 'Supported by:' with the Singapore Psychiatric Association logo.

The 24th World Congress of the International Association of Child & Adolescent Psychiatry & Allied Professions (IACAPAP) has been postponed and converted to a virtual conference which will take place from 2nd - 4th December 2020. Organized on an entirely digital platform, the virtual conference will boast some seven keynote and plenary sessions as well as eleven state-of-the-art lectures, and with more than sixty break-out sessions. Among the over 100 international and regional speakers include eminent professors, scientists and clinicians such as Michael Meanny, Eric Chen, Michael Hong, Gabrielle Carlson, James Hudziak, Guilherme V. Polanczyk, Olayinka Omigbodun and Daniel Fung, to name a few.

The virtual conference will also feature a suite of programs typical of a live congress such as e-posters, messaging boards for Q&As and personal connections, as well as a virtual exhibition space. Staggered timing schedules of the conference sessions have also been planned to allow delegates from different time zones to participate in live sessions while having access to recorded sessions by earlier speakers from a different time zone. The first thousand registered delegates would also receive a complimentary electronic or print copy of the IACAPAP monograph. With registration fees starting from USD95, the organizing committee hopes to attract a greater participation from medical students, residents and early-career professionals.

For more information: www.iacapap2020.org

Child and Adolescent Psychiatry in Sri Lanka

By:

1. **Dr Miyuru Chandradasa**, MBBS (Colombo) MD Psychiatry (Colombo) Child Psych AdvCert (Australia) MRCPsych (United Kingdom), Consultant Child & Adolescent Psychiatrist, Colombo North Teaching Hospital, Ragama, Sri Lanka, Senior Lecturer, Faculty of Medicine, University of Kelaniya, Sri Lanka, Editor, Sri Lanka College of Child & Adolescent Psychiatrists
2. **Dr Wajantha Kotalawala**, MBBS (Colombo) MD Psychiatry (Colombo) Child Psych AdvCert (Australia) MRCPsych (United Kingdom), Consultant Child & Adolescent Psychiatrist, National Institute of Mental Health, Angoda, Sri Lanka, President, Sri Lanka College of Child & Adolescent Psychiatrists



Council of the Sri Lanka College of Child and Adolescent Psychiatrists 2020/2021

Sri Lanka and Child Mental Health

Sri Lanka, a South-Asian nation is home to a multi-religious population of 21 million people. The country is unique among its regional counterparts in terms of standards of human development and is the highest rank country in the Human Development Index (HDI). Compared to regional counterparts, this island nation does significantly well in areas of maternal mortality, adolescent birth ratio, and percentage of the population with secondary education.

Twenty-five per cent of the Sri Lankan population is below the age of 14 years. There are about 7.5 million children and adolescents in the country below the age of 18 years. Ginige et al found that there is a prevalence of 13.8% for behavioural and emotional disorders among school children between the ages of 7-11 years in a region in Sri Lanka [1]. In 2009, Perera et al found that the prevalence of autism among 18-24 month-year-olds in a region in Sri Lanka to be 1.07% [2]. These limited studies show the potential burden of mental health disorders among young Sri Lankans.

Local expertise in Child and Adolescent Psychiatry

There are significant reasons for the limited number of specialist doctors in mental health in Sri Lanka. This includes the “brain drain,” which has been a huge problem for many developing nations, as many trained psychiatrists have left the country during the times of war in the past. Between 1997 and 2000, 28% of specialist doctors left the country and moved to developed countries such as the United Kingdom and Australia. Among these specialists, the highest loss of professionals was seen in psychiatry, with 56% of qualified psychiatrists leaving the country from 1997 to 2000 [3]. Another factor that leads to the low number of psychiatrists in Sri Lanka is the low popularity of psychiatry as a career choice among medical undergraduates. A study revealed that only 2% of undergraduates desired psychiatry as a postgraduate pathway, which is far below the rates for undergraduates in the West [4].

The first medical school in Sri Lanka was established by the British in Colombo in 1870. At first, medical graduates who wanted to pursue a career in psychiatry travelled to the United Kingdom to obtain psychiatry specialist training. The first MD examinations were held in the country in 1952. However, there were no systemic teaching programs; the Institute of Postgraduate Medicine was established in 1976 to fulfil this need. In 1980, the current Postgraduate Institute of Medicine obtained full recognition from the government to award postgraduate degrees in medical specialities.

The lack of psychiatrists in a country is a

barrier to the development of subspecialties in mental health services. The number of child and adolescent psychiatrists have risen after the establishment of the child and adolescent subspecialty in 2016 [5]. All child and adolescent psychiatrists in Sri Lanka have completed a Doctor of Medicine in Psychiatry postgraduate degree from the University of Colombo after obtaining their primary medical degrees. Afterwards, it is required to obtain at least three years of post-MD training specifically in child and adolescent psychiatry in Sri Lanka and overseas. At present, all consultant child and adolescent psychiatrists practising in Sri Lanka have obtained a two-year post-MD training in Australia. They have obtained extensive training in psychotherapy and psychopharmacology in local and overseas settings. Besides, the post-MD trainee is required to conduct original research in child mental health and submit a dissertation before board-certification.

Child and Adolescent Mental Health Services

For many decades, the priority of mental health policy developers in Sri Lanka was to encourage the establishment of general psychiatry services to minimise the mental health gap and spread the specialist services throughout the country. The brutal armed conflict in the northern parts of the country and the emigration of professionals in the previous decades were a major hindrance to the development of the field of psychiatry [6]. The limited number of psychiatrists in the country were mainly stationed in large tertiary care hospitals in the cities and were overburdened by the workload related to major psychiatric

disorders. The inpatient facilities and outpatient services in general hospitals were the core and the focus of mental health care. Almost all general psychiatrists had to cater their services to diverse patient populations that included children, adolescents, the elderly, alleged offenders, and substance users. A regional consultant psychiatrist would have been responsible for services to an entire district or province. This meant that the specialist had to be skilled and available to all service users, not only for adults. The number of specialists has slowly risen, and it has now become possible to plan for subspecialist services.

At present, the main inpatient mental health facilities for children below 12 years are available at the Lady Ridgeway Hospital for Children in Colombo, which is the largest city in the country and the commercial capital. Also, dedicated inpatient care for adolescents is available at the National Institute of Mental Health in Angoda, Colombo. The child and adolescent mental health services in peripheral regions often lack the services of allied health staff members such as psychologists, occupational therapists, speech pathologists, and nursing officers, which are in low numbers compared to in the West.

Sri Lanka College of Child and Adolescent Psychiatrists

Sri Lanka College of Child and Adolescent Psychiatrists is the only professional organisation in Sri Lanka related to child and adolescent psychiatry. It was established in 2015 and has grown in number and strength over the years.

The third Biennial Scientific Conference of the Sri Lanka College of Child and Adolescent Psychiatrists was held successfully at the National Institute of Mental Health in Angoda, Sri Lanka on 20th to 21st December 2019. The theme of the conference was 'child and adolescent mental health - reaching out to all'.



Traditional Sri Lankan dancing and drumming at the conference

The guest of honour was Dr Vibhay Raykar, a Child and Adolescent Psychiatrist and Clinical Director of the Child and Adolescent Mental Health Service program at Goulburn Valley Health, a large regional hospital, located in Shepparton, Victoria, Australia. His keynote address was titled 'child psychiatry beyond the confines of a clinic' and later he spoke about developmental trauma and transgenerational trauma. In his presentation, he addressed the need for the services to be trauma-informed and the impact of early life adversities on the lifelong mental health of an individual. Later Dr Anula Nikapota was remembered fondly. She was one of the pioneering child psychiatrists in Sri Lanka and contributed immensely to the development of the field in Sri Lanka as well as worldwide.



The guest of honour Dr Vibhay Raykar addressing the conference

Future directions of Child and Adolescent Psychiatry

At present, the child and adolescent psychiatrist ratio to child and adolescent population is estimated at 0.13 child psychiatrists to 100,000 population (0 - 19 years). It is well below ratios in Western nations and even below compared to certain South Asian nations [5]. Despite the limited number of psychiatrists in Sri Lanka, there must be multi-disciplinary structured services equipped with child and adolescent psychiatrists and allied child mental health professionals. Such multi-disciplinary teams would provide quality management to young people in need and appropriate guidance to other services making referrals for complex child mental health issues.

Telemedicine has been used widely in psychiatric consultations in the West and has been successfully implemented in child psychiatry as well. The government should consider providing telemedicine and secured work email facilities to overcome the difficulties related to health access, which has been tested and found to be feasible in Sri Lanka.

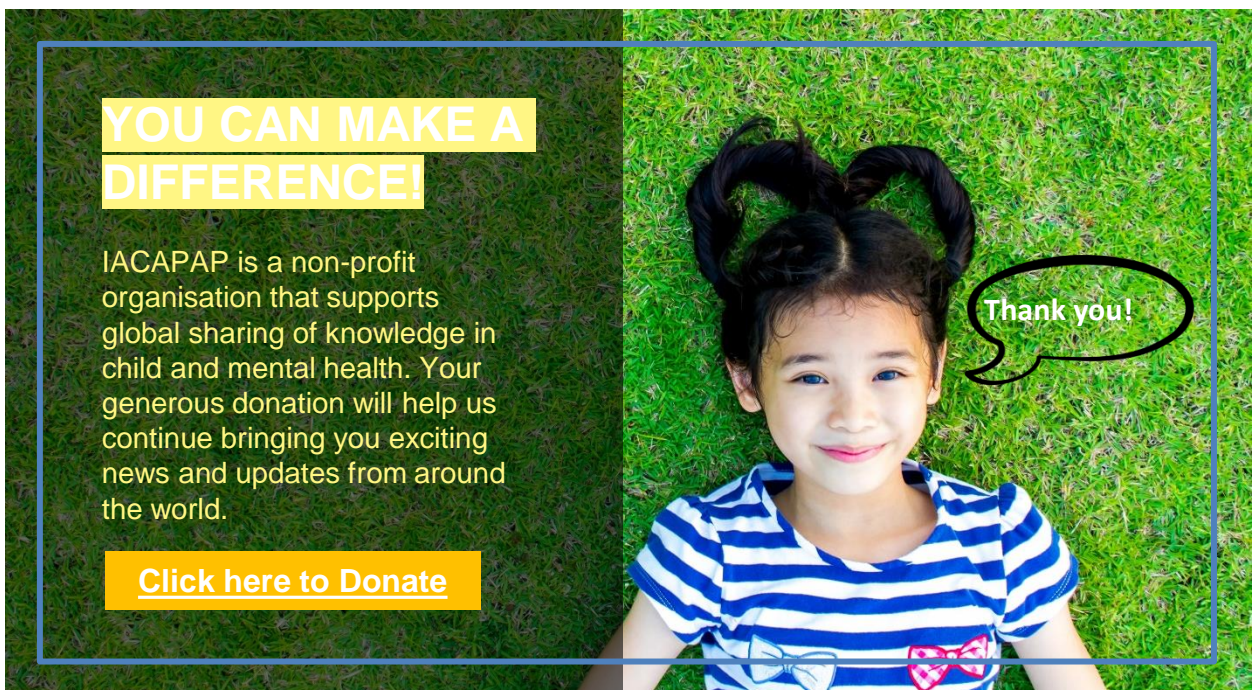
However, telemedicine may not be a suitable model to assess, discuss and treat all patient groups.

Sri Lanka is a small country with a high population density. It is possible to travel from the Northern end to the Southern end within about 10 hours. Therefore, if a referral system is well organized and streamlined, children and adolescents with diagnostic dilemmas, treatment resistance, and complex family dynamics could be arranged to be seen by a specialized child and adolescent mental health teams functioning in tertiary care hospitals. After psychological formulation, diagnostic clarification, and initial management, children and adolescents might be referred back to secondary level hospitals where teams comprising of general psychiatrists and paediatricians are available. Such a referral system must be computerized for higher efficiency. The cost would likely be recovered over the years with better treatment outcomes, as has been shown for chronic disease management in developed countries.

The International Association for Child and Adolescent Psychiatry and Allied Professions' (IACAPAP) is an organisation dedicated to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research. The Sri Lankan child mental health professionals must communicate constantly with global experts to gain knowledge and experience to develop services in the country. The collaboration of Sri Lanka College of Child and Adolescent Psychiatrists with the IACAPAP could help to facilitate this process in the coming decades.

References

1. Ginige P, Tennakoon SU, Wijesinghe WH, Liyanage L, Herath PS, Bandara K. Prevalence of behavioural and emotional problems among seven to eleven-year-old children in selected schools in Kandy District, Sri Lanka. *Journal of Affective Disorders*. 2014 Oct 1;167:167-70.
2. Perera H, Wijewardena K, Aluthwelage R. Screening of 18–24-month-old children for autism in a semi-urban community in Sri Lanka. *Journal of Tropical Paediatrics*. 2009 Dec 1;55(6):402-5.
3. Mendis L, Jayawardana J, Preena N, Goonaratna C, Abeygunasekera A. Brain drain of specialist doctors from Sri Lanka. In *Proceedings of the South Asian Conference on Postgraduates Medical Education 2005* (Vol. 82, p. 86).
4. Kuruppuarachchi KA, de Silva NR. Burden of mental illness and the need for better undergraduate education in psychiatry. *Ceylon Med J*. 2014 Jun;59(2):35-8.
5. Chandradasa M, Champika L. Subspecialisation in postgraduate psychiatry and implications for a resource-limited specialised child and adolescent mental health service. *Academic Psychiatry*. 2019 Feb 15;43(1):135-9.
6. Chandradasa M, Kuruppuarachchi KA. Child and youth mental health in post-war Sri Lanka. *BJPsych international*. 2017 May;14(2):36-7.



YOU CAN MAKE A DIFFERENCE!

IACAPAP is a non-profit organisation that supports global sharing of knowledge in child and mental health. Your generous donation will help us continue bringing you exciting news and updates from around the world.

[Click here to Donate](#)

Thank you!

The Latin American Federation of Child and Adolescent Psychiatry (FLAPIA) : Thriving in the Face of the Pandemic

By: Dr. Zuleika Morillo de Nieto (President FLAPIA) and Dr. Laura Viola (Secretary Genetal FIAPIA)



Federación Latinoamericana de psiquiatría de la Infancia, Adolescencia (FLAPIA) is a Federation of Latin American Associations of Child and Adolescent Psychiatry and related Professions. It started in the 1980s with a dedicated group of professionals from Uruguay, Brazil, Chile, Mexico and Argentina. Recently, on July 11, 2020, we recognized these associations for their valuable contributions to the Federation.

On June 13, 2020, we held the first discussion forum for Child and Adolescent Psychiatry Trainers in Latin American programs. This presented an opportunity to explore the similarities and differences of our various programs with the aim of creating collaboration channels and to tackle the new realities dictated by the pandemic and the subsequent health crisis. The coordinators of all the training schools of North, Central and South America and the Caribbean participated, as well as invited observers from IACAPAP

including Professor Andres Martin (Vice President) and Professor Christina Schwenck (General Secretary).

Professor Martin highlighted the contribution of the knowledge generated by IACAPAP in a digital book. Local experiences with the pandemic were shared and this mobilized many colleagues from the continent for which we are very grateful. It is important to highlight that similar meetings of this nature were held previously with other FLAPIA directors, motivated by the federation's firm interest in high-quality academic training of our future child and adolescent psychiatrists.

FLAPIA has continued to grow and today we currently have members from the Dominican Republic, El Salvador, Paraguay, in addition to Uruguay, Brazil, Chile, Mexico and Argentina. Our first virtual meeting was held on May 30, 2020, about 60 days after the pandemic struck the region, highlighted the migration to telehealth and allowed us to extend human ties between colleagues all in the spirit of solidarity generated by Covid 19. This quarter of virtual activities was overseen by Dr. Flora de la Barra.

Finally, our regional congress FLAPIA 2020, whose local organization is assigned to APPSIA, Paraguay, will take place virtually from September 14 -16, 2020.

We know that the regional social and

economic difficulties and the vulnerability of our child protection systems pose a challenge to our professional community. However, many of us are not afraid of the word crisis, because we were born and thrived, both on a professional and personal level, facing one crisis after another. This only increases our resilience and resolve to overcome together this experience of loss, fear and uncertainty, where we are all impacted in some way. We wish health and success for the next IACAPAP congress in December 2020, which is being actively shared in our region.

To learn more visit us at: www.flapia.es

Executive Committee, FLAPIA



Dra. Zuleika Morillo de Nieto

President FLAPIA

- President of the Latin-American League for the study of ADHD, Lilapetdah
- Chief Manager of the Mental Health Department Robert Reid Hospital, Santo Dgo.
- Coordinator of the Child & Adolescent Residency program in Robert Reid Hospital.
- Child & Adolescent Psychiatrist professor of the Pediatric and general Psychiatry Residency programs.
- Professor in the Psychology school of the Catholic University of Santo Domingo and the Iberoamericano University of Santo Domingo.
- Chair of laedp. International Chapter. Association of Eating Disorders Professionals
- Clinic Director of medical service CPE/Renovatus, special program for eating disorders, Santo Domingo.



Prof. Dra. Laura Viola General

Secretary FLAPIA

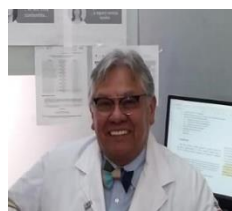
- Head of Child and Adolescent Psychiatry. Spanish Association. Montevideo, Uruguay
- Coordinator of the Childhood, Adolescence and Family Section of APAL
- Scientific Committee Latin American League for the Study of ADHD
- Former IACAPAP vice president. International Association of Child and Adolescent Psychiatry.



Prof. Dr. Andrés Arce Ramírez

Vice-president FLAPIA

- Member of the C.D. from FLAPIA
- Prof. Titular, Head of Chair of Psychiatry Service
- Head of Chair of Medical Psychology
- Director of the Postgraduate Course in Child and Youth Psychiatry, National University of Asunción



Dr. Oscar Sánchez

Advisory Council FLAPIA

- Prof. Head of the specialization course in child psychiatry of the National Institute of Pediatrics
- Full member of the Mexican Academy of Pediatrics
- Director of the Mexican Council of Psychiatry



Dra. Andrea Abadi

Fiscal Council FLAPIA

- Child and Adolescent Psychiatry
- Head of the ADHD and ODD clinic, INECO
- Professor Favaloro University
- Director of the Infant and Youth Department INECO



Dr. Roberto Pallia

*Advisory Council
FLAPIA*

- Head of the Pediatric Mental Health Service, Hospital Italiano de Buenos Aires
- Prof. Titular of the University Institute School of Medicine of the Italian Hospital. (I.U.H.I)
- Director of Career of Medical Specialist University in Child and Youth Psychiatry U.B.A. and I.U.H.I
- Director of the University Career Specialization in Clinical Psychology with Children
- Professional Certification Committee of the Argentine Association of Child and Adolescent Psychiatry and Related Professions (AAPI)

**CHECK OUT IACAPAP'S
COVID-19 RESOURCES ON
THE WEBSITE!**



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

<https://iacapap.org/resources-for-covid-19/>

The Covid-19 pandemic and child and adolescent psychiatric service in Germany – acute challenges and the need to consider long-lasting effects for mental health service for children

By: Michael Kölch, Renate Schepker, Hans-Henning Flechtner for the German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy

The measures adopted by the German government to reduce the spread of SARS-CoV-2 (Covid-19) infections led to a “lockdown” of different systems impacting everyday life in many ways since March 2020. In May, the re-opening of shops, restaurants etc. started and social life awakened again. Of great importance for children has been the closing down of schools, combined with a new experience of “home-schooling”, which lasted mostly up to the summer holidays in July (the traditional end of a school year in Germany). Furthermore the strict reduction of social contacts and quarantine might be related to a decrease in mental well-being (Brooks, Webster et al, 2020). The background of the lockdown in Germany was the intention to flatten the curve of infections to prepare the medical system, especially hospitals, for potential severe Covid-19 patients by increasing capacities in intensive care units. Infections with Covid-19 virus had high variability in between regions in Germany. Federal states like North Rhine-Westphalia, Bavaria, Baden-Württemberg were burdened with high numbers of infections, whereas in the North East of Germany, the infection rates were low in spring 2020 and remained low up till now. The uncertainty



of how infections spread and who is especially in danger to suffer from a serious infection made it necessary to have measures implemented in all Germany, even if regulations differed between the federal states.

The lock-down had impact on mental health services for children and adolescents in many ways. In general, there is a broad and well differentiated medical and youth welfare system for treatment and support of children and adolescents with mental disorders in Germany. It consists of more than 2,500 trained medical specialists for child and adolescent psychiatry with more than 1,200 within the German outpatient system. Roughly 150 specialized units with more than 6,300 beds for inpatient/day care treatment are run by hospitals plus 30 University clinics. All costs are covered by health insurance,

so services are available for every family or child. Additionally, more than 6.000 specialized psychotherapists in outpatient care provide psychotherapy for children and adolescents which is reimbursed by health insurance. Specialized pediatric centers (Sozialpädiatrische Zentren, SPZ) provide diagnostics and therapy for children with complex disabilities including cognitive impairments and/or psychiatric symptoms. Child psychosomatic services are organized as well in pediatric as in child psychiatry units, and most of them are run by child psychiatrists.

Additionally, the youth welfare system provides support to families with counseling services and educational support up to residential homes for children with special needs. Under normal circumstances, services for children and adolescents with psychiatric disorders in Germany are organized in a very complex system where child and adolescent psychiatry intensively collaborates within the health care system as well as with schools and the youth welfare system.

The University Hospitals in Germany have additional foci next to service: research, teaching students, and training specialists. There are several large scale research projects funded by the German Ministry for Research and Education (BMBF) for children and adolescents with psychiatric disorders within a program called “heathy all the life” (Gesund ein Leben lang), addressing research on the assessment and therapy of ADHD, affective dysregulation and non-suicidal self-injuring behavior (NSSI). There is a major effort also by

the German Society for Child and Adolescent Psychiatry to promote and support research within child and adolescent psychiatry, create evidence based assessments and treatments within the services and to improve prevention of mental disorders in children.

The pandemic’s effect on services, research and teaching

Due to the pandemic, child and adolescent psychiatry in Germany is facing enormous challenges. All institutions were affected by the Covid-19 related measures. Child and adolescent psychiatry departments had to guarantee adherence to hygienic standards (like contact restriction between patients, limitation of visitors) which could not be ensured in every instance.

Colleagues in practice had to organize personal protection material, like masks, disinfection sprays, gloves etc. Some colleagues have tested positive for covid-19 and had to go in quarantine for at least two weeks. Clinics and departments for child and adolescent psychiatry became uncertain if day treatment was still appropriate, given the risk of infection due to the daily return of patients to their families. Some CAP facilities were shut down by their hospital CEOs, staff being relocated to support somatic units.

Distance regulations within inpatient units had to be established, but they have to be weighted against therapeutic aspects of social interaction. At some universities study participants were declared to be “elective patients”, and it

wasn't allowed to continue onsite study protocols, study personnel was ordered to work from their home office. Study recruitment in many studies stopped or studies were delayed. Several studies tried to reorganize face to face contacts into phone-contacts for study visits. During spring break, all universities organized online teaching, so in most cases at least online courses were available for medical and psychology students. In between, medical students were called to support the health administrative bodies, grossly understaffed in Germany.

In general, the number of inpatients in CAP departments was reduced, some departments providing only emergency treatment, especially in areas with high numbers of infections. Outpatient services had to be reorganized with phone contacts and successively with methods of telemedicine, like video chats via internet. According to the German Health Code this was formerly not allowed and general and legislative changes had to be implemented to make these approaches possible.

German Society for Child and Adolescent Psychiatry (DGKJP) during the pandemic

The German Society for Child and Adolescent Psychiatry provided support to colleagues, encouraged them to guarantee child and adolescent psychiatric treatment for patients during the lockdown period, and even after it. In some places strict regulations by local authorities sometimes had to be followed, but were inappropriate in CAP (e.g. no visitors in hospitals). Additionally the DGKJP was in close contact with the

federal government structures to prevent severe economic consequences for hospitals due to the loss of patients and strive for reimbursement during the Covid-19 pandemic. Political activities took place in close collaboration with colleagues from two other child and adolescent alliances, the colleagues from BKJPP and BAG. The foundation of the three child and adolescent psychiatric societies and alliances "Achtung!Kinderseele", which has a main focus in fighting stigmatization of mental illness in childhood, created an ad hoc campaign to support parents and children in homeschooling.

Unfortunately, two major DGKJP meetings, the biannually held research meeting (which addresses especially young researchers) in 2020 and the DGKJP congress in 2021 in Madgeburg had to be cancelled and postponed. The DGKJP board considered whether an online congress would be feasible and appropriate, but due to the high importance of networking, personal contacts and open debate characterizing all our meetings, the DGKJP board decided to postpone both meetings for



Woman helping boy with his face mask
(© August de Richelieu from Pexels.com)

one year. The research meeting is now planned for 2021 in March in Cologne and the DGKJP biannual congress is scheduled for May 2022 in Magdeburg. Additionally, DGKJP will intensify its engagement in online courses for trainees and state of the art online lectures within the next two years.

Effects of the pandemic in Germany on society

Due to school closures, supervision that school social workers provide for endangered children subsided. Other

systems such as the youth welfare system for families and children with vulnerabilities - like children with mental disorders – were trying their best but outreach was missing. Therefore there was heightened risk for children living in families with high risk of maltreatment.

First data from the German Medical Hotline for issues of Child Protection (Medizinische Kinderschutzhotline) indicate that there was a peak of physical maltreatment cases followed by an increase of suspected sexual abuse. Valid data is yet not available, but ongoing studies are underway. Additionally, there is a pressing need for studies in Germany about how in future pandemics the psychiatric health care system, youth welfare system, and also schools can better respond to keep in contact with vulnerable families and optimize treatment.

The pandemic has accelerated the provision of e-health services. This was a necessary change in the complex treatment of children with psychiatric disorders. Video psychotherapy sessions or phone contacts as a substitute for

face to face meetings should be evaluated more closely in the future. Standards related to efficacy and evidence for these interventions, as well as attitudes of patients towards media-based psychotherapy, have to be developed in the future. There was a governmental plan to provide every school aged child from a disadvantaged family with a computer, yet the roll out has not been accomplished.

The pandemic has had short term consequences associated with lockdown, but it will have medium and long term consequences also for children and adolescents with psychiatric disorders, even in Germany. School related symptoms (e.g. school avoidance, social anxiety) may have taken a more chronic course due to homeschooling. Psychotic fears now may also include the virus. For patients suffering from autism, the pandemic may have been experienced as a big relief from complex social tasks.

There is a strong interdependence of mental disorders and being from a family of low socioeconomic status (SES) in Germany, which was shown by national surveys on (mental) health of children in Germany for more than one decade (Hölling, Schlack et al. 2014). Both have transgenerational effects which increase inequality and low levels of functioning of disadvantaged groups within societies (Plass-Christl, Haller et al. 2017). The economic recession caused by the Covid-19 pandemic may lead to increasing unemployment rates in Germany and more economic difficulties among families. Service capacities of the youth welfare system rely also on a positive economic situation in the community, as youth welfare is financed

by the federal states. One promising factor in Germany is the existence of a strong and differentiated network of service providers for children and adolescents with psychiatric disorders. Additionally, several studies have been started or are planned to explore the impact of Covid-19 on mental health of children, on health care service utilisation and necessary compensations for families at risk.

It will be one of the prominent functions of child and adolescent psychiatry in Germany, to detect changes in mental health of youths, to claim the necessary support for disadvantaged children and families and to provide early intervention for all in need.

References

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), pp. 912-920.

Hölling H, Schlack R, Petermann F, Ravens-Sieberer U, Mauz E, KiGGS Study Group (2014) Psychische Auffälligkeiten und psychosoziale Beeinträchtigungen bei Kindern und Jugendlichen im Alter von 3 bis 17 Jahren in Deutschland – Prävalenz und zeitliche Trends zu 2 Erhebungszeitpunkten (2003–2006 und 2009–2012). *Ergebnisse der KiGGS-Studie – Erste Folgebefragung (KiGGS Welle 1)* Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 57(7)



German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy supported colleagues during the pandemic with information

Fegert, J M., Berthold O, Clemens V, Kölch M (2020) COVID-19-Pandemie: Kinderschutz ist systemrelevant Dtsch Arztebl 2020; 117(14): A-703 / B-596

Plass-Christl, A., Haller, A. C., Otto, C., Barkmann, C., Wiegand-Grefe, S., Hölling, H., Schulte-Markwort, M., Ravens-Sieberer, U., & Klasen, F. (2017). Parents with mental health problems and their children in a German population based sample: Results of the BELLA study. *PloS one*, 12(7), e0180410.

<https://doi.org/10.1371/journal.pone.0180410>

The European Society For Child and Adolescent Psychiatry (ESCAP) Publishes Its Endorsed Autism Practice Guidance



Across Europe, there is increased awareness of the frequency and importance of autism spectrum disorder (ASD), which is now recognised not only as a childhood disorder but as a heterogeneous, neurodevelopmental condition that persists throughout life. Services for individuals with autism and their families vary widely, but in most European countries, provision is limited. In 2018, the European Society of Child and Adolescent Psychiatry (ESCAP) identified the need for a Practice Guidance document that would help to improve knowledge and practice, especially for individuals in underserved areas.

The present document, prepared by the ASD Working Party and endorsed by the ESCAP Board on October 3, 2019, summarises current information on autism and focuses on ways of detecting, diagnosing, and treating this condition. The document "ESCAP practice guidance for autism: a summary of evidence based recommendations for diagnosis and treatment" has been published in Open Access and is the outcome of the ESCAP ASD Working Party led by Joaquin Fuentes (San

Sebastián, Spain), with Amaia Hervás (Barcelona, Spain), and Patricia Howlin (London, UK) as co-authors.

This Practice Guidance has been, for the first time in history, formally endorsed by the Board of ESCAP, presided by Dimitris Anagnostopoulos, from Greece. This professional organization includes the National Child & Adolescent Psychiatry Societies of: Austria, Belgium (Flemish), Belgium (French), Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Slovenia, Spain, Sweden, Switzerland, Turkey, United Kingdom and Ukraine. Its content has already been disseminated in a number of scientific networks, social media and ASD organizations across the world.

The document is accessible in English, Spanish and French, at the following links:

Original (in English):

<https://link.springer.com/content/pdf/10.1007/s00787-020-01587-4.pdf>

(It contains a link for electronic supplementary materials)

Spanish Translation:

http://www.autismo.org.es/sites/default/files/guia_practica_de_escap_para_el_autismo.pdf

(Materiales suplementarios incluidos)

French Translation:

http://www.autisme-france.fr/offres/doc_inline_src/577/ESCAP-Guide_pratique_pour_l_autisme.VF-2020.pdf

(Matériel complémentaire inclus)

The primary goal of this document is to disseminate information that can be adopted for use in regular clinical practice across Europe and to present clinicians and educators with evidence-based advice on core and minimum standards for good practice in the assessment and treatment of autistic people of all ages. The aim is not to make specific recommendations for the use of particular interventions or assessment methodologies, but rather to provide general guidance, based on a combination of information from randomised and non-randomised trials, expert opinion, and other existing international guidelines.

The ESCAP ASD Working Party is very hopeful that it will be a significant tool for clinicians and for families in so many service-deprived areas across Europe and the world, and expects to see contextualized summary versions in many different languages.

ASD Working Party



Joaquín Fuentes
Spain



Amaia Hervás
Spain



Patricia Howlin
United Kingdom

Early career child and adolescent psychiatrists and COVID19 - Light at the end of the tunnel?

By: Dr. Sowmyashree Mayur Kaku, MBBS, Ph.D, Bangalore, India; Dr. Ana Moscoso MD, MSc Paris, France and Dr. Jordan Sibeoni, MD, Ph.D, Paris, France

The COVID19 pandemic has impacted the lives of individuals across the globe. Early career child and adolescent psychiatrists and trainees are going through difficult times trying to balance work and family, while continuing to meet deadlines and find novel ways of pursuing clinical and research work.

Before it all started, none of us knew what to expect. The possibility of shutting down our countries was there but somehow no one could believe it could be done. Announcement of complete lockdown to limit the spread of COVID19 hindered both our daily lives and the practice of child and adolescent Psychiatry (CAP). Schools were closed and cities were empty. We were worried for our parents, our loved ones and ourselves. We were also worried for our patients as we knew we could maintain neither the continuity of care (outpatient units stopped receiving patients and families with consultations being either postponed, cancelled or conducted by telephone and video calls; day hospitals closed; only few inpatient units remained open, others were requested to become COVID units) nor our usual framework (working with masks all the time, respecting a physical distance, and so on).

Many of us **feared potential problems**, related to our field of work, such as

- Higher risk of child abuse and domestic violence

- Suicidal crisis, and self-injuries for adolescents having recurrent conflicts with their families and relying mostly on peer support and social life
- Exacerbation of behavioural issues for patients with developmental disorders and multiple comorbidities
- Diagnostic delay for children with neurodevelopmental disorders
- Parents exhaustion for being the only “therapists” for their children

The reality was slightly different as many hospitals reported a significant decrease in emergency visits due to fear of contamination. Face to face psychiatric care went down and **work focused on**

- Creating Standard Operating Procedures (SOPs) for the care of patients and meeting colleagues while avoiding viral contamination
- Disseminating advice and information about mental health and mental disease through handouts or websites ([1] & [2] as examples). Initially addressed to meet our patients, they finally reached a broader audience.
- Using online platforms to pursue clinical work, offering mental health support to frontline healthcare providers working in COVID units and helping out with non-child mental health duties.

[1] <https://www.pedopsydebre.org/fiches-pratiques>

[2] <http://www.mda.aphp.fr/>



Moving to virtual platforms (our kids too!)

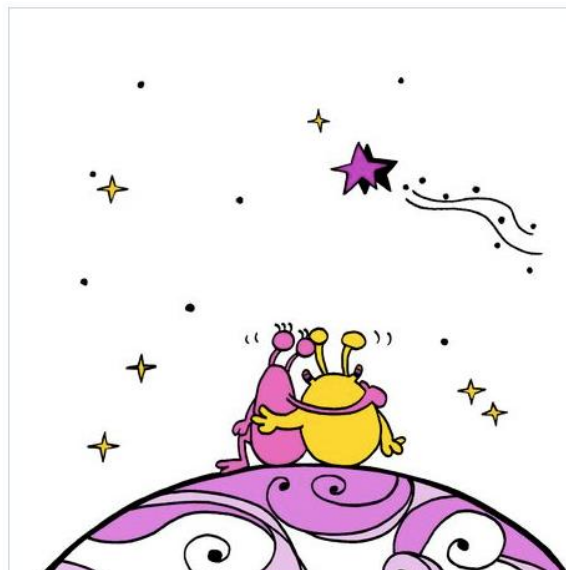
Clinical work in child and adolescent psychiatry

- Most of the clinical work with children and adolescents shifted to online platforms and teleconsultations. Emergency care was the only exception.
- At first, some clinicians were frustrated with these new formats, not familiar enough with the technology and not able either to “reach” or engage both patients and families or to “read the room”, resulting in many misunderstandings and lack of implicit speech.

Assessing younger patients (toddlers, younger children) was particularly challenging, as they would find it assumedly hard to cooperate with the video calling or phone format.

- Physical and psychomotor assessments could be specially difficult. Some teams (especially the ones involved in neurodevelopmental assessments) came up with novel strategies such as asking parents to send video samples of children prior to the consultation which could include speech, play, social and communication samples in natural settings, with a wide variety of interactions with various family members, and then go through the

videos before the consultation to be able to guide the families better.



Mural painting at Robert Debré Hospital, Paris, France

With the absence of “outside stress”, many adolescents with social anxiety issues (such as school refusal, bullying or panic disorder with agoraphobia etc.) felt better and really enjoyed teleconsultation.

- Clinical work with children and adolescents shifted to many new cases of internet and gaming addiction, interpersonal issues with families and stress related to increased indoor time.
- Psychiatric assessment in ERs for acute situations was also challenging as everyone was wearing a mask, hiding facial expressions on which we rely –intuitively- a lot to interact and show empathy.
- From parents, we heard their experiences of staying home with sick kids. Parents have come up with creative strategies to take care of their children’s issues including trying newer home-based therapy techniques.

- Working from home was also a breach of privacy (clients being able to see our home – even to the slightest extent). Moreover, very often being an early career child and adolescent psychiatrist means having young kids that could sometimes cry/sing/dance/yell in the background. We had to become more confident with self-disclosure and accept to let a part of our life be seen (or heard) by our patients. Needing to finish household chores and fit in consults during the day was stressful in the beginning and we slowly learnt to rearrange things.

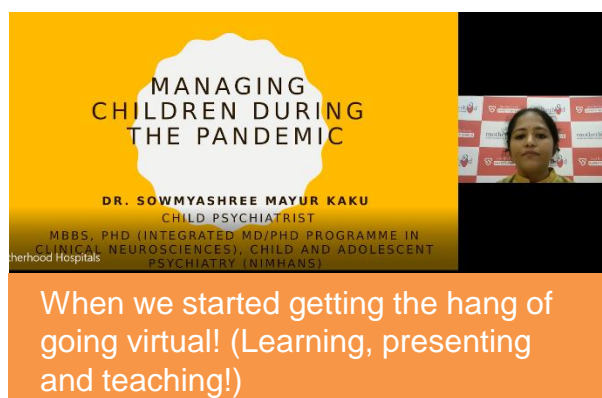
Research work in child and adolescent psychiatry

- Community work and field visit based research has come to a grinding halt. Redoing forms for Institute Ethics Approval and amendment of ongoing research methods to be able to move a large chunk of assessment/training/face to face work to online platforms has been challenging.
- Clinic visits of new or follow-up children and adolescents have drastically come down due to the pandemic thus reducing the numbers to be recruited for research purposes. This throws challenges to complete research on time, keeping up with deadlines and writing reports to funding agencies and managing payment of junior research staff.
- This crisis also provided new research opportunities, with original and innovative research questions or hypotheses - for example, the lived experience of children with ADHD at home, online therapies for those with autism or anxiety who have difficulties

in social situations, description of at-risk population such as young students living alone in big cities, tele psychiatry; and collaboration all over the world.

Meetings, presentations and conferences –

- While some of the meetings were cancelled, most were moved to the virtual platform too.
- National meetings predominantly happened during weekends and after office hours while international meetings were late at night (for India – due to differences in time zones) as most were held by societies located in North America, Europe and UK.
- These virtual opportunities however, helped to attend more meetings without having to pay a lot for registrations / make travel arrangements with/without family, while the downside was the over-packed day and tight weekend schedules. We also did not get to meet our friends and colleagues personally or meet potential mentors and collaborators thus making it difficult to take some of the research opportunities forward.



And what about mental health of early career child and adolescent psychiatrists?

Psychiatrists are not immune to experience the stress induced by these unprecedented times. Some colleagues experienced “physiological” anxiety/panic. Time was uncertain – until when should I stay in this? What can be thought as temporary? How to make it real if temporary? Space was most obviously changed.

Some also experienced the feeling of being privileged, or even a fraud, that is to have all the benefits of being a healthcare professional - shops offering us 10% discount and opening in certain hours only for us, school being available only for our kids, thankful neighbours and friends - without being in the frontline or directly involved with the healthcare management of the crisis. Even if most of us were working from home, with more time (and less commute!), for many it was too difficult to focus on work and be productive.

What helped?

- Staying in touch with friends, family and colleagues
- Seeking help from our parents and others to help with the kids,
- Talking to mentors and creating a practical plan,
- Giving time for self-care (however little),
- Spending quality time with family,
- Establishing virtual networks, collaborations,
- Working on backlogs including manuscripts.



We learnt doodling and made apple pie with our kids!

Resources for early career researchers

Though there aren't any from low- and middle-income countries, here are some links which can be beneficial.

<https://www.sfn.org/initiatives/confronting-covid-19>

<https://www.srcd.org/event/home-child-experts-science-stress-and-coping-during-covid-19>

<https://www.unicef.org/india/media/3401/file/PSS-COVID19-Manual-ChildLine.pdf>

If you are interested to talk about this, share your experiences, or have more resources that can help, we are happy to hear!

Do write to Dr Sowmyashree Mayur Kaku - sowmeey@gmail.com

The Argentine Association of Child and Youth Psychiatry and Related Professions (AAPI) and The COVID-19 Pandemic:

Multiple activities in support of professionals and the community

By: Dr. Pedro Kestelman – President, Dr. Nora L. Marchena – Vice President and Dr. Bernardo Kerman – General Secretary and Dr. Eduardo R. Garín – Treasurer



The Argentine Association of Child and Youth Psychiatry and Related Professions (AAPI) has focused during the pandemic on collaboration with public entities and other institutions on a local and national level while simultaneously working on international joint projects with other Latin American countries.

The AAPI consists of almost 200 professionals, the majority of which are child and youth psychiatrists, with a few from other related disciplines. Additionally, there are 50 non-member colleagues that keep a close relationship with the association.

The AAPI has conducted multiple activities using digital technologies and social media in the context of COVID-19 pandemic.

1. Support and training for professionals through:

- Discussion forums
- Event on problems related to children, adolescents and families during quarantine
- Challenges and how to approach them (April 30)
- Clinical Conference on Updates on Autism Spectrum Disorders
- Virtual grand rounds on clinical issues in Child and Youth Psychiatry
- Clinical grand round on Psychiatric Manifestations in the context of COVID-19 (May 9)
- Group professional monitoring. The role of psychopharmacology in a family. The autism spectrum patient. (May 21)
- APSA Conference (Argentine Psychiatrists Association). Concerns and thoughts on child and youth clinic in the context of the pandemic. (June 13)
- Early Childhood Conference. Education and clinical interchanges. (June 17)
- OCD – An approach through telepsychiatry (August 8)
- Permanent communication with the Pediatric Mental Health Services at *Gutiérrez, Garrahan* and *Elizalde* Hospitals.

2. Creation of a COVID-19 database.

This included:

- Addressing the needs of people with disabilities under treatment for COVID-19 in hospitals
- Biosecurity protocol for domiciliary care
- Coping with the pandemic at home
- Undertaking long periods at home
- Recommendations for emotional well-being
- The importance of hugging
- Music therapy professionals at Gutiérrez Hospital created a story-song about coronavirus.
- Gutiérrez Hospital provided resources for children explaining what to expect if they develop the coronavirus infection
- Coronavirus adventure
- Educational resources issued by the National Mental Health Directorate (D.N.S.M.)
- Distance radio workshop
- Mental health prevention in the context of the pandemic
- Home learning during quarantine
- How do children feel today?
- Your mental health is as important as your physical health
- Are you under 18? Do you need guidance?
- Time management behind closed doors
- APSA-AAPI recommendations for parents and domiciliary workers
- Tobar García Hospital's contributions in resources for how children can cope with quarantine
- Short story of coronavirus for young children
- Message from the Coronavirus Committee

3. National and international conferences

- Settings of Mental Health in children and adolescents in Argentine provinces: Tucumán, Córdoba, Santa Fe, San Juan, Río Negro, Chubut, Chaco, La Pampa and Mendoza, among others. (June 20)
- Latin American Conference. Mental Health in the context of the pandemic. Associations from Guatemala, Colombia, Perú, Ecuador and Argentina were involved. (July 16)
- Mental Health Treatment Residential Facilities for children, adolescents and mothers with children- Experiences from Latin America together with professionals from Uruguay, Chile and Argentina (July 18)

4. Activities with public entities

National Mental Health Directorate

(Dirección Nacional de Salud Mental)

- Advice in drafting a document on recommendations for children and adolescents during the pandemic.
- Management to implement electronic prescriptions.
- United Mental Health (Salud Mental Unida). Private WhatsApp group for professional networking. *Office of Minor Protection (Ministerio Público Tutelar)*
- Counselling for families in relation to COVID-19.
- Meeting with educators from all levels: Violence against children and adolescents. - The role of the school during the pandemic *National Administration of Drugs, Foods and Medical Devices (ANMAT)*
- Methylphenidate prescription management

5. Local community service

Preventive campaigns with development of content for children and adolescents together with the Pediatric Mental Health Services.

6. Creation of work commissions

- Competence and professional practice
- RDoC research
- Violence in children and adolescents. Mistreatment and abuse.

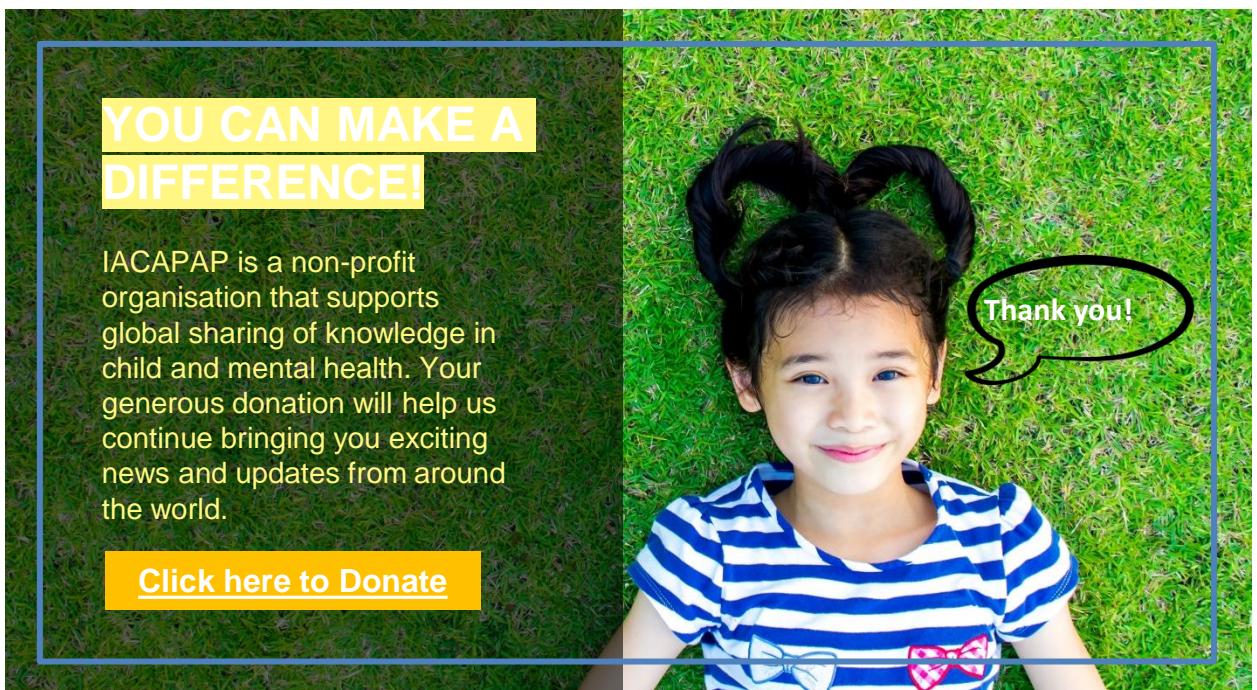
7. Preventive spots for families

Recommendations for families have been placed on the AAPI website, Instagram and Facebook:

- Healthy parenting
- Limits
- Language
- Positive development
- Social integration

For more information:

www.aapi.org.ar
informaciones@aapi.org.ar




YOU CAN MAKE A DIFFERENCE!

IACAPAP is a non-profit organisation that supports global sharing of knowledge in child and mental health. Your generous donation will help us continue bringing you exciting news and updates from around the world.

[Click here to Donate](#)

Thank you!



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

IACAPAP Member Organizations

Full Members

American Academy of Child and Adolescent Psychiatry (AACAP)

Asociacion Argentina de Psiquiatria Infantil y Profesionales Afines (AAPI)

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)

Associacion 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 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)

Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP)

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 Profesiones 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.unigies-sen.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

Connect with us!



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

Helmut Remschmidt Research Seminars Coordinators

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

Petrus J de Vries MD
(South Africa)
petrus.devries@uct.ac.za

Donald J. Cohen Fellowship Program Coordinators

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

Ayesha Mian MD (Pakistan)
ayeshamian174@gmail.com

Presidential Fellows for Global Education

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

Presidential Fellows for Global Fundraising

Liu Jing (China)
ljiyuch@163.com

IACAPAP Councilors

Fusun Cetin (Turkey)
fusuncuha@gmail.com

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

Zheng Yi (China)
doctorzy@yahoo.com