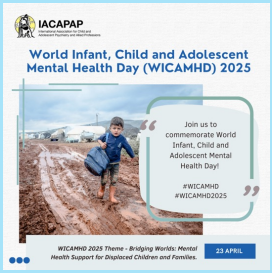
Jun 2025 | Issue #78

IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

Bulletin

By Nikusha Chopliani, age category, 6-12Y, In the forest



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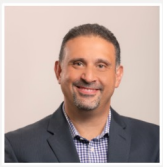

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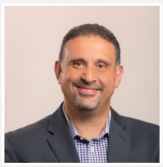

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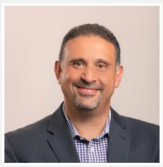


President's Message

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.

Luis Augusto Rohde
IACAPAP President

I am very happy to share with you some exciting progress achieved during these last three months since our previous Bulletin was published.

In partnership with the International Society for Adolescent Psychiatry and Psychology (ISAPP), the World Association for Infant Mental Health (WAIMH), and the World Psychiatric Association - Child and Adolescent Psychiatry Section (WPA-CAP), we had our World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2025 Symposium on April 29th, 2025. The symposium was chaired by our IACAPAP past president, Daniel Fung. The theme was Bridging Worlds: Mental Health Support for Displaced Children and Families. We adopted for the first time a hybrid format. The in-person part of the event took place in a session at the Turkish Association of Child & Adolescent Psychiatry (TACAP) annual national conference. We had a line-up with several experts from diverse institutions addressing this very important topic. As usual, we received very positive feedback about this initiative (see more details in this issue of the Bulletin).

The preparation of our next World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Hamburg, Germany from July 1st to 4th, 2026 continues at full speed. The International Scientific Committee is formed, our CPO Hanser defined the layout of the rooms in the Congress Venue, and the Congress website will be open for symposia submissions in early July. There is no better time to prepare your proposals for symposia at the congress.

Regarding the collaboration between IACAPAP and the Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute:

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

Fellowship Program for Low- and Middle-Income Countries (LMICs): Our first cohort of Mozambican fellows are completing their second-year training in Mozambique with local mentors and remote supervision from both Mozambique and Brazil. The second cohort of clinical fellows is already settled in Porto Alegre, Brazil, and are in the process of completing their first-year training at Hospital de Clínicas de Porto Alegre. The program is moving smoothly and is proving to be a rewarding fellowship year. Peter Raucci, Program Director of Fellowships at the SNF Global Center, and Ayesha Mian, representing IACAPAP, visited Kenya in May for meetings with key leaders of mental health services in Kenya to explore a potential pairing to send clinical fellows for training in South Africa. As the team explores these possibilities, the SNF Global Center for Child and Adolescent Mental Health at the Child Mind Institute and IACAPAP recently launched an open call for institutions interested in hosting this program to share contact information with the SNF Global Center. The goal of this program is to make the selection of pairs of countries for the next rounds of the Clinical Fellowship Program for LMICs even more comprehensive and participatory!

- **SNF Global Center Item Bank - an Assessment Tool to Support Culturally Appropriate Global Data Collection**: An Assessment Tool to Support Culturally Appropriate Global Data Collection: As announced in the previous bulletin, the psychometric evaluation phase for the item bank being developed by the SNF Global Center is in progress. We are actively collecting data on the instrument using the assessment tool in more than 5,000 web-based interviews across 11 countries as the initial step of psychometric validation evaluation and item reduction. At this time, youth with lived experience will also provide feedback on the tool. An effort to provide an engaging name, branding, and visual identity for the tool is underway, and we expect to make this process even more participatory, with more information to be shared soon. In the meantime, we encourage you to read more about this work on the SNF Global Center's newly revamped website here.

We are very grateful for the expressive number of national associations that endorsed the appeal document to include methylphenidate in the WHO

Essential Medicines List, led by Professors Brooke Molina and Philip Shaw. You can find the support letters (and few letters against), the application file (A.19 Methylphenidate – attention deficit hyperactivity disorder), three expert reviewers (two positives and one negative) and the comments from the WHO Division of Mental Health, Brain Health and Substance Use here. Now, the decision is in the hands of the WHO-EML committee. The final decision is expected in July.

Another interesting development in these three months is the beginning of an effort by IACAPAP in conjunction with the World Psychiatric Association - Child and Adolescent Psychiatry Section (WPA-CAP) and other stakeholders to construct an International Essential Curriculum for Child and Adolescent Psychiatry Training portraying what is considered fundamental in a training program in the area. This effort is also led by Ayesha Mian from the IACAPAP side.

At the end of June, we will have our IACAPAP executive committee meeting where we will discuss for one day what is being done, future directions and goals. We would love to receive your suggestions on what else should be pursued in our Association. Please send your suggestions to Sue Wong at info@iacapap.org.

Our ante-penultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in scientific literature. This time, I would like to highlight one paper just published in the June issue of the World Psychiatry (Vancampfort D et al. The efficacy, mechanisms and implementation of physical activity as an adjunctive treatment in mental disorders: a meta-review of outcomes, neurobiology and key determinants. World Psychiatry. 2025 Jun;24(2):227-239. doi: 10.1002/wps.21314). As you probably know, the World Psychiatry has the highest impact factor journal in mental health, and it is open access. The systematic search identified 13 meta-analyses of high methodological quality assessing outcomes of physical activity as an adjunctive treatment for mental disorders, which included 256 randomized clinical trials (RCTs) and 12,233 individuals. Authors presented the results highlighting where there is evidence of large effect sizes. Two of the three outcomes with large effect sizes were conditions in children and adolescents: improvement of attention in children and adolescents with ADHD and reducing depressive symptoms in children, adolescents and adults with depressive disorders; and reducing body mass index in adults with schizophrenia. Thus, we, as CAMH professionals, need to not forget to strongly recommend physical exercise as part of the portfolio for interventions for youths with these two disorders.

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

1. We are beginning to draft a MOU between South Africa, Kenya, CMI

and IACAPAP as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program, expecting to launch of this program in the first trimester of 2026.

2. Instead of having a third pair of countries solely decided by IACAPAP and CMI, we launched a call to make the process more participatory. Thus, the expectation now moved to have this definition up to the end of 2025.

2. The first of a series of trials/surveys for psychometric assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank is underway.

Our auditable goals up to the next bulletin are:

1. Have the web page for symposia submission for the World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Hamburg receiving submissions starting July, 2025.

2. Held the Helmut Remschmidt Research Seminar (HRRS) from 7-12 September 2025, in the Monastery of Kloster Irsee, in Bavaria.

3. Have the documents in place for beginning the program in South Africa for the Kenyan fellows and a date set for launching the program in the first trimester of 2026.

4. Have a final list of 2-3 pair of countries to assess formal and logistic conditions to select one of them to be the third pair of countries of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program.

5. Keep moving the progress for the psychometric assessment of the item bank and have the process to select naming and visual identity of the instrument in place.

I hope you all enjoy reading our Bulletin.

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

IACAPAP

Children in Crisis: The Mental Health Impact of Displacement: Insights from World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2025

Kuşadası, Türkiye – 29 April 2025 – As part of the **34th Annual Meeting of the Turkish Association of Child and Adolescent Psychiatry**, the 2025 edition of **World Infant, Child and Adolescent Mental Health Day (WICAMHD)** convened global experts to spotlight the urgent and growing crisis of **child and youth mental health in the context of displacement**.

Now in its **Fourth edition**, WICAMHD is co-organised by four leading international organisations:

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

Together, they call for urgent action to protect the mental wellbeing of children forced from their homes due to war, environmental disaster, and systemic inequities.

1. Global Perspectives

The Current Crisis

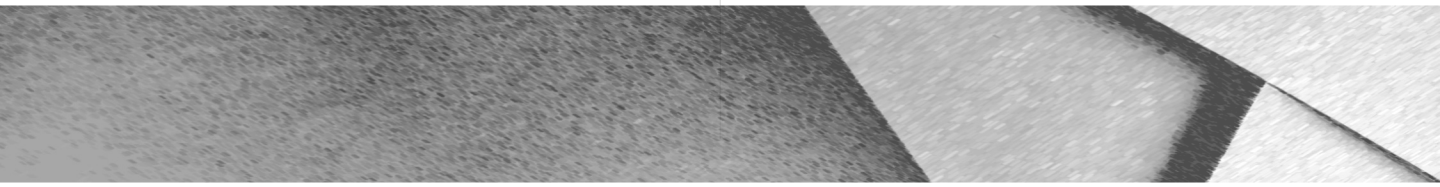
Displacement is increasingly driven by armed conflict, climate change, and poverty. Children, especially from indigenous and marginalised communities, face elevated risks of trauma, disconnection, and long-term mental health challenges. The over-representation of Native Hawaiian youth among the homeless in O'ahu, as highlighted by speakers, is one such example.

Cross-Cultural Relevance

Presenters emphasized the need for culturally sensitive approaches that respect family systems, traditional healing, and local knowledge—moving beyond "one-size-fits-all" models.

Advocacy and Outreach

WICAMHD affirms IACAPAP's ongoing role in promoting rights-based, inclusive care frameworks that prioritise the needs of displaced and underserved youth worldwide.



2. Evidence-Based Approaches

Research and Disparities

Dr. Anthony Guerrero (USA) highlighted disparities caused by poverty, stigma, and systemic neglect, showing links to incarceration, suicide, and academic failure among youth.

Digital Innovation and Community Models

From telehealth to peer-based interventions, evidence points to scalable innovations that can expand access in low-resource or high-displacement settings.

Video Feature

A deeply moving video, "A Syrian Teenager Interviews Her Mother", presented with permission from the International Rescue Committee, captured the personal courage and trauma behind the statistics.
📽️ Watch here

3. Critical Challenges

- **Access to Care**: Mental health services are often unavailable or inaccessible to displaced children.
- **Language and Cultural Barriers**: Misdiagnosis and disengagement frequently arise from cultural mismatches.
- **Resource Gaps**: Most systems are under-resourced for the specialised needs of young people.
- **Coordination Challenges**: Fragmented services across sectors (health, education, protection) create gaps in care.

4. Practical Solutions

- **Scalable Models**: Low-intensity interventions, such as task-shifting and sharing and group therapy, can be deployed quickly and effectively.
- **Frontline Training**: Teachers and humanitarian workers must be equipped to provide psychological first aid and referral support.
- **Family-Centred Care**: Strengthening family unity and parental resilience was a recurring theme throughout the day.
- **Technology-Enabled Care**: Apps, SMS support, and remote consultations can bring mental health support to hard-to-reach populations.

5. WICAMHD 2025 Programme Highlights

Opening Remarks:

- Professor Daniel Fung (Singapore), Organising Chair

Welcome and Introductions:

- Professor Luis Rohde (Brazil), IACAPAP President

Featured Video:

- "A Syrian Teenager Interviews Her Mother" – International Rescue Committee (YouTube)

Figure 1: Opening remark by the World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2025 Organising Chair, Dr Daniel Fung.

Figure 2:Panel Discussion at the WICAMHD 2025 Symposium. From right to left: Dr Daniel Fung, Prof Anthony Guerrero, Prof Matthew Hodes, Prof Fusun Çetin Çuhadaroğlu and Prof Campbell Paul.

Figure 3: Closing of the WICAMHD 2025 Symposium. From right to left: Dr Daniel Fung, Dr Neslihan İnal, Prof Fusun Çetin Çuhadaroğlu, Prof Matthew Hodes and Prof Campbell Paul.

Key Presentations:

- *Professor Anthony Guerrero (USA, WPA-CAP): "Finding Opportunities Globally to care for youth vulnerable to displacement"*
- *Professor Füsun Çetin Çuhadaroğlu (Türkiye, ISAPP): "The Challenges of Displacement for Adolescents"*
- *Professor Campbell Paul (Australia, WAIMH): "Understanding the Infant and Family Experience of Forced Displacement: The Role of Mental Health Services"*
- *Professor Matthew Hodes (UK, IACAPAP): "Support for Displaced Children and Families: Personal Reflections on What We've Learnt and Where We're Going"*
- *Dr. Chiara Servili (WHO): "Building Systems for Young People's Mental Health in Setting Affected by Displacement"*

Panel Discussion

Moderated by *Professor Daniel Fung* and joined by all speakers, this session integrated global insights into actionable recommendations for practitioners and policymakers.

Recording of WICAMHD 2025 Symposium (Part 1) (Part 2)

6. Call to Action

The meeting concluded with a unified appeal for:

- **Policy Integration**: Mental health must be embedded in emergency preparedness and humanitarian frameworks.
- **Capacity Building**: Training a new generation of culturally attuned child mental health professionals is essential.
- **Global Partnerships**: Cross-border research and shared care models will ensure more equitable access.
- **Immediate Action**: Displaced children cannot wait. Resources must be mobilised now to protect their mental health and future.

About WICAMHD

World Infant, Child and Adolescent Mental Health Day (WICAMHD) is a global initiative launched by IACAPAP and partners to highlight the mental health needs of the youngest populations. Marked each year on **23 April**, WICAMHD seeks to galvanise advocacy, research, and coordinated action across nations.

27th World Congress of

IACAPAP

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

1–4 July 2026

CCH – Congress Center Hamburg
Hamburg, Germany

Join global leaders in child and adolescent mental health at the IACAPAP 2026. Starting **July 2025**, online registration and abstract submissions for **symposia, oral presentations**, and **posters** will be open.

Be part of the conversation. Share your research. Shape the future. Visit the congress website in July 2025 to take advantage of the Early Bird Fees, register online and submit your abstract!

www.iacapap-congress.com

Click here

Family Therapy Symposium 2025: A Landmark Event in Malaysia

By: Dr. Ruziana Masiran,
Program Director & Organising Committee Member,
Family Therapy Symposium 2025
On behalf of the Department of Psychiatry, Hospital Sultan Abdul Aziz Shah/ Faculty of Medicine & Health Sciences, Universiti Putra Malaysia (UPM),
and the Andolfi Family Therapy Centre (AFTC), Kuala Lumpur, Malaysia.

Overview

The Family Therapy Symposium 2025, known as the 2-Day Live Consultation & Lecture by Professor Maurizio Andolfi, was held at Hospital Sultan Abdul Aziz Shah (HSAAS) on 28th and 29th April 2025. This symposium was a landmark event in the advancement of family therapy in Malaysia. Featuring the esteemed Professor Maurizio Andolfi, who is affiliated with the Accademia di Psicoterapia della Famiglia in Rome, Italy.

The symposium provided local and international mental health professionals with a world-renowned multigenerational approach to working with families, couples, and children with various psychological problems or psychiatric disorders. The event, jointly organised by the Andolfi Family Therapy Centre (AFTC) and the Department of Psychiatry, drew over 211 participants, including psychiatrists, clinical psychologists, counsellors, and allied mental health professionals from across the country, Southeast Asia regions such as China, Taiwan, Singapore, and Indonesia; and Australia.

Co-organisers: Department of Psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, and Andolfi Family Therapy Centre, Kuala Lumpur

Sponsors: Malaysian Marriage and Family Therapy Association (MyMFT), Malaysian Educational and Psychological Wellbeing Society (MEPWS)

Objectives

The two-day symposium was designed to enhance mental health professionals' clinical understanding and application of family therapy, focusing on a multigenerational approach. The program offered a unique learning experience through lectures, dialogues, observation of live consultations, and therapeutic processes involving real families. By witnessing these authentic clinical interactions, participants could appreciate the relational dynamics of families and the practical therapeutic techniques. Finally, the broader objective of the symposium was to inspire the development of a more family-centred approach to mental health care in Malaysia, fostering a shift toward

Figure 1: The COO of HSAAS, Associate Professor Dr Nor Fadhlina, giving her officiating speech during the opening ceremony.

Figure 2: From (R) Dr Ruziana Masiran, Mr David Hong (AFTC), Dato' Dr Lai Fong Hwa, Mr Darrel Devan Lourdes (AFTC), Associate Professor Dr Nor Fadhlina, Professor Maurizio Andolfi, Dr Chong Seng Choi, and Ms Bawany Chinapan (AFTC).

Figure 3: Participants in the auditorium of HSAAS.

interventions that recognise and integrate family systems in the treatment of mental health problems.

Highlights of the Event

Opening Ceremony

The hospital's Chief Operating Officer (COO), Associate Professor Dr Nor Fadhlina Zakaria, officiated the program.

Day 1: Children in Distress

In his lecture titled 'Children in Distress', Professor Maurizio Andolfi emphasised that children's presenting problems, such as anxiety, withdrawal, aggression, or school refusal, frequently represent a form of communication about distress within the family. He cautioned mental health professionals against making unnecessary diagnoses or labelling children with psychiatric illnesses without looking at the relational context.

Professor Andolfi further shared a video of a case of his multigenerational therapy sessions, during which multigenerational family figures not only helped uncover hidden family narratives, but also facilitated transformative healing experiences for the identified child and the family. This lecture strongly aligned with the symposium's aim to promote family-centred mental health care in Malaysia. It challenged mental health professionals to broaden their clinical frameworks and move beyond child-focused interventions toward a more inclusive, systemic approach.

A key session was the live consultation session in the afternoon. Dr Ruziana Masiran, UPM psychiatrist and family therapist, presented a case that reflected fairly common but challenging clinical and relational challenges. Subsequently, participants had a golden opportunity to observe Professor Andolfi in action - conducting a family therapy session.

This live session provided an authentic window into real-life therapeutic work within the Malaysian clinical context. After the session, Professor Andolfi facilitated a reflective supervision and learning discussion with five panellists. This dialogue allowed participants to explore the relational themes and unique but helpful techniques used during the session.

Day 2: Couple in Crisis

The second day focused on couple dynamics and emotional attunement in therapy. Through a mix of didactic lectures and case discussions in the lecture titled 'Couple in Crisis: Understanding Couple Therapy from Multigenerational Perspectives', Professor Maurizio Andolfi illuminated the deeper systemic roots of couple conflict, emphasising that relationship crises are rarely confined to the present-day dynamics between partners. Instead, he argued that unresolved issues from each partner's family of origin often resurface within the couple's relationship. Professor Andolfi urged therapists to explore beyond the couple dyad and view couple distress as an expression of transgenerational scripts that have yet to be processed.

Figure 4: Professor Maurizio delivering his first lecture.

Figure 5: Dr Ruziana presenting her case.

Figure 6: Panelists sharing feedback on the live consultation.

Figure 7: Professor Maurizio delivering his lecture on the second day.

Figure 8: Participants' discussion session with Professor Maurizio.

Figure 9: International and local participants on the second day of the event.

The second lecture focused on 'When and How to Invite Family of Origin and Children as Consultants in Couple Therapy'. The latter provided a practical and relationally sensitive framework for including significant family members from family-of-origin (FOO) in couple therapy. According to Professor Andolfi, parents, siblings, and even children help clarify the historical and emotional backdrop of the couple's struggles. Nonetheless, he emphasised these individuals' careful timing and thoughtful invitation, ensuring that their presence in therapy is therapeutic and meaningful.

The afternoon's live consultation featured a therapy session with a real couple conducted by Professor Andolfi. Participants observed how he gently navigated entrenched patterns of conflict, mobilised the couple's godparents as the therapy 'consultants', and activated gratitude and appreciation between partners. Again, this was followed by a facilitated group debriefing with four panellists, during which the therapist's position and the dynamics shaped by generational emotional trauma were discussed.

Figure 11: Panellist's session on the second day.

Figure 12 & 13: Symposium program director presenting gifts to the speaker and co-organiser during the closing ceremony.

Closing Ceremony

Dr Ruziana, representing the organising committee, delivered a heartfelt closing speech expressing gratitude to all participants and acknowledging the event's success. She extended special appreciation to Professor Maurizio and Mr Darrell Devan Lourdes, the managing director of Andolfi Family Therapy Centre, for their insightful contributions and dedication. As a token of appreciation, Dr Ruziana presented them with commemorative gifts on behalf of the Faculty of Medicine & Health Science, Universiti Putra Malaysia.

Future Directions

This event served as a launchpad for broader family therapy initiatives in Malaysia and could act as a catalyst for developing supervision groups for Malaysian clinicians engaged in family work. Aligned with Universiti Putra Malaysia's aspiration to become the nation's leading centre of excellence in psychotherapy training, research, and clinical innovation, this symposium signals the university's bold and strategic commitment to shaping the future of systemic mental health care. UPM is poised to lead the national agenda in advancing psychotherapy and family-based interventions by building strong local capacity and fostering global partnerships.

Acknowledgements

Special thanks go to Chong Cheng Yee (KB/PA) and Cheryl Chin Yi Fen (KB/PA), both who were for being the backbone and brilliant masterminds behind the seamless execution of this event. Their dedication, meticulous planning, and tireless support truly made everything possible. I sincerely thank the committee members and volunteers from UPM, HSAAS, AFTC and MyMFT for their strong teamwork. Last but not least, thank you to the community of mental health professionals who attended the event for their commitment to advancing the field of family therapy.

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

ESCAM's First Annual Conference: Celebrating 10 Years of Growth

By: Faisal A. Nawaz, Haidar Al Abdullah, and Meshal A. Sultan
Emirates Society for Child and Adolescent Mental Health, Emirates Medical Association, United Arab Emirates.

On April 19, 2025, the Emirates Society for Child and Adolescent Mental Health (ESCAM), under the umbrella of the Emirates Medical Association (EMA), marked a major milestone by hosting its first Annual Conference. Held at the Al Khoory Courtyard Hotel in Dubai, the event welcomed 100 mental health professionals from across the United Arab Emirates and Gulf Cooperation Council countries. The conference coincided with the 10th anniversary of ESCAM's establishment in 2015, offering a moment to reflect on a decade of leadership, collaboration, and growth in advancing child and adolescent mental health in the region.

The conference aligned with the broader vision for 2025 as declared by His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates:

"God willing, 2025 will be the 'Year of the Community' in the UAE—a year in which we work hand in hand to strengthen the bonds within our society and families, reinforce our shared responsibility in building our nation, and unleash potential and talent."

Reflecting this spirit, the conference adopted the theme: "Challenges and Insights on Mental Health in the Modern Era – Perspectives from the Gulf Countries."

In line with this vision, the ESCAM Annual Conference 2025 aimed to strengthen professional collaboration, community engagement, and innovations in mental health care for children and adolescents.

The opening ceremony set a warm and ambitious tone, with ESCAM President Dr. Meshal A. Sultan and Scientific Committee Chairperson Dr. Haidar Al Abdullah expressing gratitude to the society's founding members. Dr. Ammar Albanna, Dr. Ahmad Almai, Dr. Khaled Kadry, Dr. Muhammad Tahir, and Dr. Zeinab Alloub were recognized for laying the foundations of an organization that has steadily grown in influence and impact.

Importantly, the contributions of the Organizing Committee were highlighted, acknowledging the dedicated efforts of Dr. Haidar Al Abdullah, Dr. Ammar Albanna, Dr. Meshal A. Sultan, Ms. Shaikha Alhemeiri, Dr. Maha Al Ali, Dr.

Figure 1: Delegates stand for the UAE national anthem during the opening ceremony of the ESCAM Annual Conference 2025.

Ruchita Shah, Ms. Shaima Al Mekhlafi, Dr. Syed Ali Bokhari, Ms. Afra Belhoul, Dr. Madonna Yanni, and Dr. Faisal Nawaz in making the conference a success.

Strengthening Foundations: New Chapters Announced

The conference featured important announcements about ESCAM's future directions. Three new chapters were launched to expand the society's reach and focus on specialized areas of care:

- The Perinatal Mental Health Chapter, led by President Dr. Giles Berrisford and Secretary General Dr. Madonna Yanni.
- The Educational Psychology Chapter, led by President Dr. Rasha Mashmoushi and Vice President Dr. Ruba Tabari.
- The Autism Chapter of the Emirates (ACE), with Dr. Ammar Albanna announced as President.

These initiatives reflect ESCAM's commitment to a multidisciplinary and lifespan approach to mental health across all developmental stages.

The conference also highlighted the ongoing work of the Infant Mental Health Committee, established in 2019 under the leadership of Dr. Azhar Abu Ali, which continues to advance early childhood mental health initiatives in the UAE and beyond.

Figure 2: Ms. Afra Belhoul serving as Master of Ceremonies during the ESCAM Annual Conference 2025.

Exploring Clinical Advances

The scientific program began with a focus on clinical developments and best practices. Moderated by Dr. Ali Alsaad, the first session featured a series of expert presentations. Professor Ahmed Al Ansari discussed contemporary perspectives on diagnosis and treatment in child and adolescent psychiatry, setting a clinical foundation for the day.

Dr. Khalid Bazaid followed with an update on new approaches to managing attention-deficit hyperactivity disorder (ADHD), offering practical insights for practitioners. Professor Muhammad Waqar Azeem then delivered a session on recent developments in autism spectrum disorder research, drawing attention to shifting paradigms in understanding and intervention.

A forum discussion allowed participants to further engage with the themes and share perspectives across different clinical settings.

Media, Technology, and Youth Mental Health: Risks and Remedies

The second session of the day, moderated by Dr. Hassan Mirza, turned to the powerful influence of media and technology on youth mental health. Dr. Muna Alshekaili presented research on the impact of violent media content on adolescent behavior, highlighting risks that often go unnoticed. Dr. Yahya Al Kalbani addressed the growing concern about social media's effects on young people's emotional wellbeing, providing

Figure 3: Dr. Khalid Bazaid delivering his presentation on 'Updates in the Management of ADHD' at the ESCAM Annual Conference 2025.

Figure 4: Dr. Shuliweeh Alenezi and Dr. Meshal A. Sultan engaging speakers during the forum discussion at the ESCAM Annual Conference 2025.

Figure 5: Dr. Sarah Almarzooqi, Dr. Muna Alshekaili, and Dr. Yahya Al Kalbani during the panel discussion on the impact of media and technology on adolescent mental health.

a timely analysis of both challenges and protective strategies. Dr. Sarah Almarzooqi introduced innovative work on virtual reality applications in mental health, describing how immersive technologies could revolutionize PTSD exposure therapy.

These presentations sparked important discussions about balancing technological advancement with ethical considerations and youth safety.

Innovation and Holistic Care: The Future of Child Mental Health

Innovation and holistic approaches were the focus of the third session, moderated by Dr. Randa Youssef. Dr. Shuliweeh Alenezi opened the session by showcasing the role of wearable technologies, digital biomarkers, and machine learning applications in ADHD diagnosis and management. Dr. Maha Al Ali spoke about psychiatric perspectives on functional neurological disorders, and Dr. Haidar Al Abdullah emphasized the role of parenting approaches in promoting mental health.

Sparking Debate: Rethinking Neurodiversity and the Medical Model

One of the most dynamic parts of the conference was a debate moderated by Dr. Ammar Albanna on the motion "Neurodiversity Should Replace the Medical Model in Understanding Autism and ADHD." Dr. Madonna Yanni and Dr. Habib Altakroni spoke in favor of the motion, advocating for a strengths-based view that embraces differences, while Dr. Ali Alsaad and Dr. Hassan Mirza defended the importance of the medical model.

Figure 6: Dr. Ali Alsaad, Dr. Hassan Mirza, Dr. Madonna Yanni, and Dr. Habib Altakroni during the debate session moderated by Dr. Ammar Albanna at the ESCAM Annual Conference 2025.

Figure 7: Prof. Ahmed Al Ansari receiving a certificate of appreciation during the closing ceremony, joined by Dr. Leena Amiri, Dr. Ammar Albanna, Dr. Haidar Al Abdullah, and Dr. Meshal A. Sultan.

Looking Ahead

The ESCAM Annual Conference 2025 was a landmark event that celebrated past achievements while laying the groundwork for future innovations. As the conference closed with a ceremony recognizing speakers and contributors, followed by a networking lunch, there was a strong sense of energy and optimism for what lies ahead.

ESCAM's expanded focus areas, dynamic scientific programming, and growing community of dedicated professionals position it as a leading force for child and adolescent mental health in the region. Future initiatives promise to continue building on this momentum, fostering research, education, and advocacy across a rapidly changing landscape.

For more information on ESCAM's work and upcoming events, follow us on LinkedIn at ESCAM EMA or visit www.escam.ae.

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

Early-Life Screen Time Linked to Multiple Harms: Global Group Releases Alerts

By: Karen F. Heffler, MD[1,2] and Jenifer Joy Madden[2]
[1]Department of Psychiatry, Drexel University College of Medicine, United States
[2]GAINING – The Global Alliance for Inspiring Non-tech Infant Nurturing and Growth

A global group of developmental researchers and specialists is simultaneously sounding the alarm that excessive screen exposure is a "serious developmental risk factor" for children from birth to age 3—the most sensitive and rapidly growing period of human brain development.

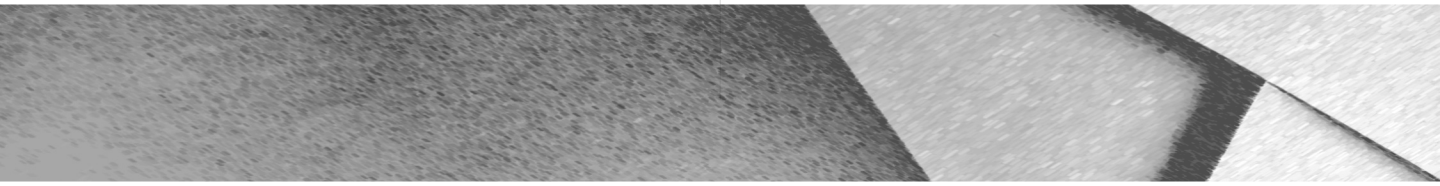
This Group formed out of an informal meetup in Dublin in 2022, at the World Association of Infant Mental Health (WAIMH) Congress. At the Congress, Dr. Karen Heffler, an early childhood development researcher and Jenifer Joy Madden, a healthcare journalist and advocate, both from the US, joined forces in their concern that evidence showing early-life screen time as a risk factor for serious developmental harms was not being widely disseminated or understood. At the conference, Heffler's presentation detailed a link between screen time and autism-like symptoms. At the same symposium, presenters from Germany, Italy, New Zealand, and other countries showed evidence of a variety of screen-related developmental concerns.

WAIMH members from 7 nations attended the post-conference meetup that attracted attendees' attention with a flyer stating, 'We're Dublin down on baby and toddler well-being.'

The group, now called GAINING (The Global Alliance for Inspiring Non-tech Infant Nurturing and Growth), was formalized through monthly meetings held since the initial meetup. At last count, the alliance has members from 37 nations.

GAINING now consists of child development specialists, practitioners, researchers and advocates on a mission to raise worldwide awareness of babies' crucial need for physical play and face-to-face back-and-forth human engagement and of the cognitive, emotional, and relational risks associated with regular and prolonged screen exposure.

The group cites research emerging globally over the past six years associating screen exposure with disruptions to babies' cognitive, physical



and social-emotional development. These developmental concerns include speech delay, attachment problems, behavior changes, autistic-like symptoms, challenges with processing usual sensory experiences, and differences in how infant brains form and operate.

GAINING members hope to enhance basic understanding of how screen time can pose difficulties for the development of infants and babies, occurring through multiple pathways, including through the direct effects of sensory hyper-stimulation on the developing brain.

"Technoference"– when a caregiver's attention is focused on a digital device while an infant is present–can cause the baby psychological and physiological stress and interfere with the caregiver's responses to the baby's needs.

Time spent viewing screens displaces the critical social, play and real-world sensory experiences that young children need to thrive.

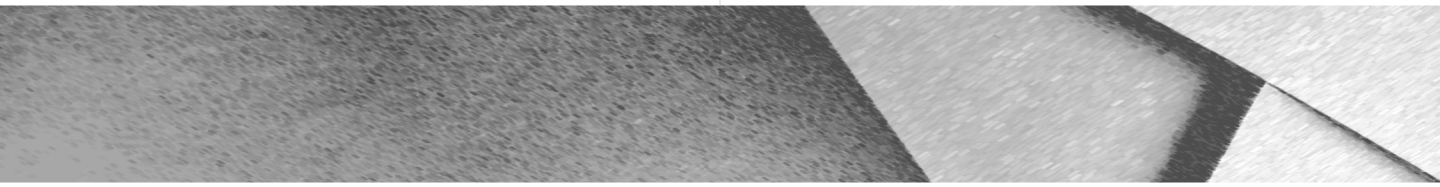
When TVs, phones and tablets are used to calm and entertain babies, it can lead to compulsive viewing and make it harder for them to learn to manage their emotions.

Having the TV on for prolonged periods in the presence of babies, even if it appears they are not watching, distracts them from their play and reduces their interaction with caregivers so they hear fewer words and it is harder to learn to speak.

Many apps and shows made for babies, toddlers and preschoolers use manipulative design techniques to keep very young children glued to the screen, such as fast-paced editing which makes it hard for babies to disconnect.

"The research tells us that screens distract babies from paying attention to people, distract the parents and caregivers from paying attention to the babies, and may directly affect early brain connectivity and attention mechanisms," according to Heffler, who is a researcher in the Department of Psychiatry, Drexel University College of Medicine. "Parents, providers and governments need to know about findings from the new research in order to make the best choices for babies' well-being."

GAINING members also will remind the world about how to support baby brain-building and development: through multi-sensory physical play and responsive "serve and return" engagement which parents and other caregivers are naturally equipped to do. Similar to playing ball, babies learn how to speak and interact through "serving" a sound or expression to caregivers who "return the serve" with soothing words, smiles, and gentle touch.



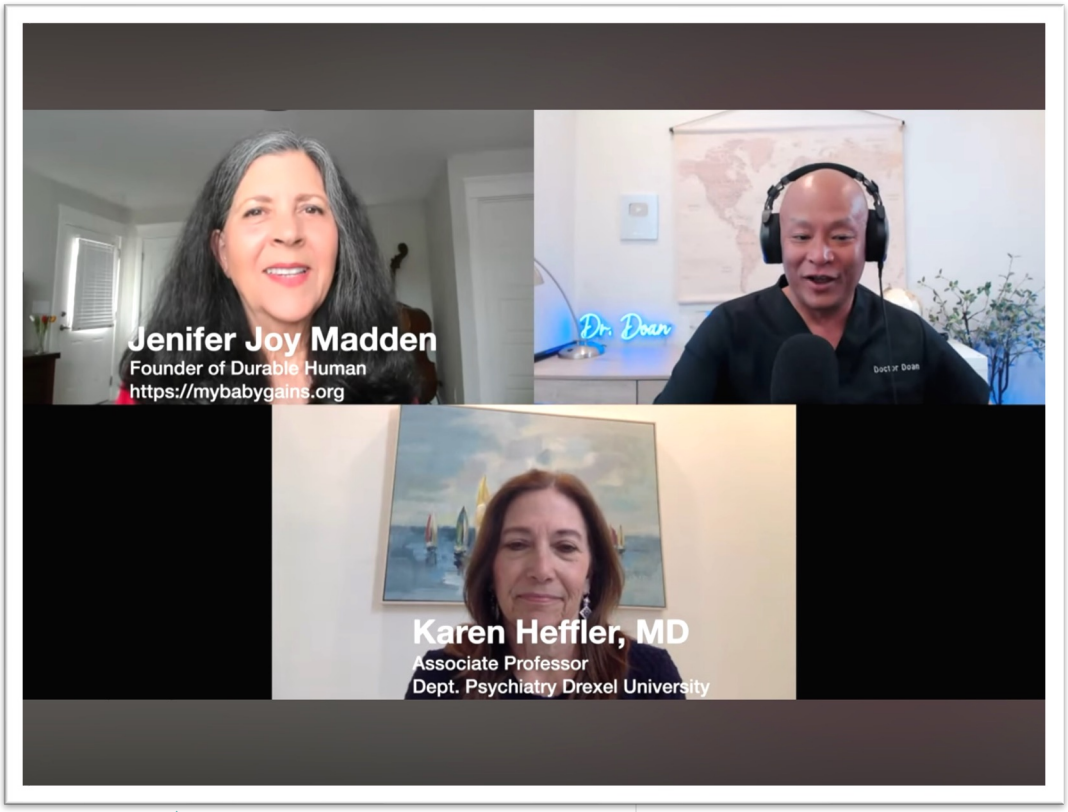


Figure 1: Is Screen Time Harming Your Baby? Dr. Heffler and Madden speak out about the GAINING "Awareness Alerts" on Dr. Doan's video podcast.

GAINING has prepared three "Awareness Alerts" based on global research findings for the information of parents, healthcare providers, and government agencies.

GAINING simultaneously released the Alerts on April 23, which is World Infant, Child and Adolescent Mental Health Day.

Based on guidelines recently updated in many countries around the world, GAINING Alerts recommend that at least until age 2, babies should not be exposed to screens except in supervised video chats with loved ones. Three out of four children under age 2 now exceed those recommendations, but studies also show parents who learn the guidelines allow significantly less screen time.

In its alert to government agencies, GAINING highlights the potential financial benefits of preventing the negative effects of excessive screen time in early childhood.

Governments can invest in awareness campaigns to promote healthy early childhood development. Greater parental awareness at the earliest time may help to decrease screen-related developmental delays and the societal costs for therapies, educational supports for children, and loss of productivity from parents.

To assist parents who want to limit screen use, governments are encouraged to support the establishment of screen-free nurseries, childcare centers and preschools, and lending libraries for non-tech toys.

Just as pediatricians and other healthcare providers teach parents about their babies' nutrition, healthcare providers can help parents care for their babies' brain health. The healthcare provider alert also encourages discussions with parents about family screen usage, starting with prenatal visits and each well-child exam thereafter.

The "News to Know" alert inspires parents to be confident that they are equipped to provide exactly what babies need: one-to-one attention, words, gentle touch, reading time, and playtime indoors and out with non-electronic playthings. Strategies suggested for screen management at home include having screen-free places and times, such as in bedrooms and during meals, and for parents to seek help when overwhelmingly depressed or anxious.

Find the Alerts, supporting research, and parent resources and join the GAINING movement at the project website: MyBabyGains.org.

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Autism in Kazakhstan: Progress, Barriers and the Role of Civil Initiatives

By: Aliya Mambetalina - Head of the Department of Psychology at ENU, candidate of psychological sciences, professor; Aibar Shaimukhanov - Master of Social Sciences, specialty "Psychology"; Aislu Borankul - Master of Social Sciences, specialty "Psychology"; Samal Albilekova - Program Coordinator of the Corporate Fund "Bolashak".

Autism in Kazakhstan: Increasing attention and the need for systemic approaches

In recent years, there has been a significant increase in the interest of both the professional community and the general public in Kazakhstan in the phenomenon of autism, primarily as a complex phenomenon affecting children's developmental trajectories, educational opportunities and social integration. According to the Ministry of Education of the Republic of Kazakhstan, more than 203,000 children in need of special educational conditions are registered in the system of psychological, medical and pedagogical consultations (PMPC). Of this number, about 16,700 are characterized by persistent difficulties in communication and social interaction, features often associated with autism spectrum disorders (ASD).

Nevertheless, professionals emphasize that the above data do not reflect the real prevalence of ASD in the country. This is largely due to the low level of awareness among the population, insufficient training of specialists in the field of early diagnosis and limited accessibility of specialized services, especially outside major cities. The current PMPC model, which is designed to perform the function of initial assessment and routing, in practice faces overload and limited resources. As a result, the timeliness of diagnosis and the launch of necessary corrective measures during the critical period of formation of basic cognitive and communicative functions - before a child reaches the age of 3-5 years - is impaired.

In parallel with these difficulties, the vector of state educational policy demonstrates a trend towards inclusiveness. In 2024, the National Model of Continuous Inclusive Education was approved, emphasizing the formation of a barrier-free environment within kindergartens and schools. Additionally, as part of the implementation of the state program for the development of education and science, a specific task has been set: by 2025, at least 70% of higher education institutions in the country should be adapted for the education of students with special educational needs. At the same time, in the absence of a comprehensive system of training of

relevant specialists - including support teachers, school psychologists, speech therapists and defectologists - there is a serious possibility that the declared measures will be limited to a declarative level and will not be transformed into a sustainable and high-quality practice.

ABA therapy in Kazakhstan: between a universal model and local barriers

The method of applied behavior analysis (ABA) is recognized worldwide as one of the most scientifically sound and clinically effective approaches to working with children with autism spectrum disorders (ASD). In the Kazakhstani context, interest in this methodology began to actively take shape after 2015 - it was then that the first parents and specialists who had undergone foreign training made attempts to introduce ABA in private practice.

However, despite the growing attention, ABA therapy still operates outside the legal and institutional framework. There is no centralized system of certification of specialists and no approved state standards for training. Training is often provided on an individual basis, predominantly through online courses, the quality of which remains heterogeneous. In addition, the vast majority of educational materials are presented in English, which objectively limits the accessibility of the method for Kazakh-speaking professionals, as well as for parents who want to be involved in the correctional process at a deeper level. It is not always obvious to the observer, but the language barrier here becomes a factor of systemic exclusion.

Along with methodological difficulties, the high cost of therapy remains a significant obstacle. Monthly costs for regular ABA sessions can range from 250,000 to 500,000 tenge (approximately 500-1,000 USD), making such services virtually unaffordable for most Kazakhstani families. Based on these data, it can be assumed that access to behavioral therapy in the current environment is the exception rather than the rule. At the same time, neither preschool organizations nor schools have the capacity to systematically integrate ABA modules into the educational environment. There are currently no state funding mechanisms, including insurance coverage or subsidies for specialized care. This problem is particularly acute in regions where access to qualified specialists is fragmented or non-existent.

The "Bolashak" Foundation: civic engagement as a catalyst for inclusive change

In conditions of limited state resources and insufficient comprehensive support for families raising children with special educational needs, initiatives formed within society itself come to the fore. An illustrative example of such civic involvement in Kazakhstan is the activity of the corporate fund "Bolashak", established in 2011 by graduates of the state scholarship program of the same name. The main vector of its work is aimed not only at providing targeted assistance, but also at promoting the culture of philanthropy and building long-term mechanisms of social inclusion.

Since 2015, within the framework of the flagship project "Every Child Deserves a School", the Foundation has been implementing a large-scale initiative to create a network of inclusive classrooms. These specialized spaces operate in schools and kindergartens, integrating into the everyday educational environment. They are aimed at supporting children with autism spectrum disorders and other forms of neurodisability, allowing teachers and specialists to work with the child in a familiar and non-exclusionary environment. This is important to emphasize, because it is the availability of support in a natural educational environment that significantly increases the child's adaptive potential.

At the moment, the Foundation manages 61 inclusive rooms in 22 cities of the country, where more than 800 children receive stable support. The work in these spaces is ensured by multidisciplinary teams: they include defectologists, speech therapists, psychologists and accompanying specialists (tutors). An equally important element of the system is educational work with parents: the Foundation provides them with the opportunity to be trained and involved in the correctional process, thus reducing their dependence on external resources. This is especially relevant in conditions of staff shortage and the need for continuous interaction with the child outside the school walls.

The model of inclusion implemented by the "Bolashak" Foundation is fundamentally different from the isolationist approach, which implies placing a child in a specialized environment. On the contrary, it is focused on joint learning, social adaptation and acceptance of differences as a norm. Moreover, the Foundation's activities are not limited to point initiatives: it actively works with government agencies, creates methodological manuals and supervises the training of specialists, including international educational formats, internships and exchanges. This is not always visible from the outside, but it is precisely these forms of partnership between public and state institutions that create the prerequisites for the sustainable development of an inclusive system in the long term.

Against the background of systemic gaps in the field of early intervention and comprehensive support for children with ASD, the Foundation is essentially taking over functions that have not yet been realized at the institutional level, forming from scratch a working infrastructure of support on the basis of schools and kindergartens.

Future Challenges: focus on institutional maturity and societal expectations

Despite progress in public and expert perceptions of autism, Kazakhstan still faces a range of persistent institutional constraints. Among the most acute are the lack of a comprehensive state strategy for persons with autism spectrum disorders (ASD), a chronic

shortage of qualified personnel, a gap between declarative rhetoric and actual implementation, and deep-rooted sociocultural biases against mental health and neurodiversity.

Although in recent years both governmental and civil initiatives have demonstrated certain positive changes, their implementation is of a point, fragmented nature and does not lead to the formation of a sustainable system. One of the priority areas remains the comprehensive training of specialists directly involved in supporting children with ASD - from teachers and school psychologists to social workers. The problem lies not only in the lack of training programs, but also in the methodological paradigm itself: the current situation requires a transition from formal mastery of training modules to an applied, practice-oriented model of training, where the experience of direct interaction with the child and his or her family plays a key role.

The system of early identification is also of particular importance. Under current conditions, PMPCs remain the only official diagnostic mechanism, but the overload of this structure and limited methodological approaches lead to significant delays in diagnosis. Against this background, the deficit of specialized services is particularly critical: multidisciplinary teams, early help centers, and psychological consultations. This is not always noticeable in large cities, but in rural areas the situation is aggravated by geographical remoteness and economic inaccessibility of even basic services.

Nevertheless, existing initiatives - including the development of inclusive classrooms in schools and the activities of the Bolashak Foundation - confirm that with professional competence and administrative will it is possible to form flexible, locally adapted models of inclusion. However, without proper institutionalization - through legal frameworks, budgetary funding and external control mechanisms - such practices risk remaining exceptions rather than elements of systemic policy.

Inclusive education in the modern sense is not only a formal right of a child to study at school. It is an indicator of the maturity of society, capable of including vulnerable groups without leveling their peculiarities. Today, Kazakhstan faces a historical challenge: either to consolidate the existing experience into a single, sustainable system, or to continue to remain in the space of private initiatives that have no institutional continuation.

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Addressing Youth Mental Health Needs in Nigeria: A Peer-led Approach by Asido Foundation

By: Oluwayemisi Olaoluwa, Williams Owoeye, Oyetunji Ayoola, and Jibril Abdulmalik, Asido Foundation

Nigeria is Africa's most populous nation with an estimated 240 million citizens that is predominantly youthful, with 70% of her population below 30 years. It is also established that nearly 50% of adult mental disorders would have started by the age of 15 years. Thus, it should be a no-brainer that a focus on the mental health needs of youth should be a priority for Nigeria and indeed other low- and middle-income countries (LMICs). But regrettably, this is not the case.

Ignorance, superstitious beliefs, shame, stigma and discrimination prevent affected youth and their families from seeking the mental health interventions they need. Other barriers to mental health access include a paucity of mental health professionals and absence of school mental health programs, all of which culminate in poor health-seeking behaviour, and resultantly a high treatment gap (80%).

The Asido Foundation (www.asidofoundation.com) is the leading mental health not-for-profit organization in Nigeria, which blends a depth of mental health expertise, with a teeming army of passionate volunteers across the country. It places the mental well-being of children, adolescents and youths at the heart of its programming. This crucial youth demographic is often neglected, with their mental health issues allowed to fester and hinder fulfilment of their potentials. Recognizing the gap in mental health services for the youth, the Asido Foundation established the Asido Campus Network (ACN) under the Directorate of Youth Mental Health.

The Asido Campus Network is a community of students trained to provide peer-to-peer psychological first aid (PFA) while advocating for and promoting mental health awareness on their respective campuses. Over the past five years, ACN initially piloted at the University of Ibadan in 2020, and has now spread its tentacles across 7 institutions in Nigeria and currently boasts a membership of over 3,000 students.

Through the Asido Campus Networks, the Asido Foundation's goal of addressing youth mental health challenges via awareness campaigns, drug abuse prevention, as well as suicide prevention activities is being realized. The members of the club, called Mental Health Ambassadors, collaborate across different tertiary institutions to design mental health programs that address their unique needs, with guidance and

Figure 1 & 2: Participants in the Suicide Awareness Walk organized by Asido Campus Network across different tertiary institutions.

expert support from the Asido Foundation. A few of these youth-led initiatives are highlighted here.

The Asido Campus Network has conducted campus-based sensitization campaigns, such as the annual Suicide Prevention Walk, across several tertiary institutions including the University of Ibadan, Obafemi Awolowo University, and Ahmadu Bello University. These campaigns aim to raise awareness, promote empathy, and support towards addressing the rising cases of suicide among students.

Figure 3: Participants at an Asido Youth Trainig.

Other testaments to the impact of ACN on its members include winning a fully-funded grant to attend the International Youth Mental Health Conference in Vancouver in March 2025, producing participants of the Carrington Fellowship of the US Consulate, in Lagos, Nigeria among several other prestigious awards. The University of Ibadan chapter of the ACN has also been officially recognized by the school management as the most outstanding student organization for 2024.

Another initiative of the ACN is the Community At Reach for Support (ACN CAReS), a vibrant support community for students with lived experience, who run and coordinate the peer-to-peer support groups, share experiences and provide ongoing support. They also receive support from mental health professionals within the Asido Foundation. This has significantly reduced social isolation, internalized stigma as well as reduced the rate of relapses among members.

Figure 4: Training of Mental Health Champions from three campuses.

ACN CAReS provides a safe haven for people, where they feel supported and not alone.

Following a spate of suicidal attempts on campus, the University of Ibadan chapter of the ACN organized "Matters That Matter", in September 2023, an Arts in Mental Health initiative that combined stage play, visual arts, dance, drama, oratory, and music to educate students on mental health and spark #unashamed conversations about mental health. This event attracted over 1000 attendees with immediate benefits including the creation of a Mental Health Committee by the Students Union Government. Furthermore, the University Management has also established a Student Mental Health Committee, which is co-chaired by the Founder of Asido Foundation, Jibril Abdulmalik, and they have recently developed the first Student Mental Health Policy for the university.

Beyond advancing mental health advocacy and addressing the mental health needs of the youthful population, Asido Campus Network has become a safe place, a networking opportunity, and a leadership breeding ground that has trained over 10,000 students since 2020 as Mental Health Champions.

In conclusion, Africa is the continent with the largest youth population in the world, and the need to invest in the mental health of her youth is not just a public

Figure 5: Performers at Matters That Matter in 2023.

health concern but a pressing socioeconomic need. The Asido Foundation is playing a leading role in this direction via the Asido Campus Network as a pragmatic model for empowering youths to reach out to other youth in the most effective manner; while receiving professional training and guidance from the Asido Foundation. But we can't do this alone. Stakeholders such as the government at both federal and state levels, religious clergy, community and traditional leaders, and the school management as well as the media all have pivotal roles to play in tackling the challenges of youth mental health. The Asido Campus Network model of the Asido Foundation is easily replicable and we recommend it to other LMICs, even as we strive to expand into more institutions across Nigeria and to other African countries in the near future.

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Bridging Knowledge and Care: The XXVth RSCANP Congress and the 47th National Conference of Child and Adolescent Neurology-Psychiatry and Allied Professions in Romania

By: Adriana Cojocaru, Assistant Lecturer, "Victor Babeş" University of Medicine and Pharmacy Timisoara, President of Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP).

Romania's key scientific event in the field of pediatric neurology and psychiatry, **The XXVth Congress of the Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP) and the 47th National Conference of Child and Adolescent Neurology-Psychiatry and Allied Professions**, will be held this year in the historical city of **Braşov**, between **September 24th and 27th, 2025, with international participation**.

As in previous editions, this congress continues its tradition of fostering interdisciplinary collaboration, promoting evidence-based practices, and encouraging innovation in diagnosis, treatment, and therapeutic interventions for children and adolescents.

Pre-Congress Course – September 24th, 2025

The scientific journey begins with a specialized Pre-Congress Course focusing on learning new concepts, refreshing existing knowledge, and enhancing one's expertise. This event is designed to offer clinicians and therapists an in-depth view of current practices and advanced approaches.

At the Neurology and Pediatric Rehabilitation Session key topics include:

- Recent developments in pediatric epilepsy – Highlighting new diagnostic algorithms, pharmacological updates, and integrative care strategies.
- The contribution and importance of EEG in neurological pathology – Exploring modern EEG techniques and their diagnostic and prognostic value in child neurology.

The **Psychiatric and Psychological Sections** will delve into:

- Hypnosis: techniques, applicability and therapeutic perspectives in pediatric psychiatry – A highly anticipated module discussing its techniques, therapeutic applicability, and the

expanding horizon of clinical hypnosis in child and adolescent mental health care.

Main Congress RSCANP – September 25th–27th, 2025

Over the following three days, the congress will provide a robust platform for experts to present and discuss cutting-edge research, clinical challenges, and multidisciplinary care models in two major domains: neurology and psychiatry.

Neurology and Pediatric Rehabilitation track will address:

- Rare neurological diseases in children – Emphasizing early diagnosis, genetic markers, and tailored interventions.
- Recuperative treatment and standards of care in pediatric neuromuscular pathology – Focused on improving quality of life through integrated, standardized care protocols.

Child and Adolescent Psychiatry, Psychology, and Psychotherapy will explore:

- Affective disorders - evaluation, diagnosis and therapeutic intervention – Presenting new tools for screening and managing mood disorders in youth.
- Emotional, physical, and sexual abuse – Offering multidisciplinary perspectives on trauma-informed care, detection strategies, and long-term therapeutic frameworks.

What makes this congress truly special is its interdisciplinary nature, bringing together professionals from all key fields involved in the care of children and adolescents. Neurology, psychiatry, physical therapy, psychology, psychotherapy, and other allied health professions come together in a shared space for dialogue, collaboration, and mutual learning.

Figure 1: The Board of Directors of the Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP).

Figure 2: A few memories from the previous RSCANP Congress held in Craiova in September 2024.

Figure 3: A few memories from the previous RSCANP Congress held in Craiova in September 2024.

Figure 4: A few memories from the previous RSCANP Congress held in Craiova in September 2024.

This integrated approach reflects the complex reality of pediatric care, where effective treatment and holistic support require close cooperation between specialists from multiple disciplines. The congress is not only a platform for presenting the latest research, but also a space for building multidisciplinary teams—working together for the direct benefit of young patients.

An Invitation to Global Collaboration

With an agenda that reflects the complexity and interdisciplinarity of modern pediatric neuropsychiatry, this congress invites clinicians, researchers, psychologists, psychotherapists, and allied health professionals to engage in meaningful dialogue and exchange.

By uniting Romanian and International experts, this event aims not only to enhance professional competencies but also to promote research and policy innovation that supports the mental and neurological health of future generations.

For more information and registration details, visit the official RSCANP website www.snpcar.ro, https://www.congres-snpcar.ro/ or follow updates through affiliated international societies.

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The IACAPAP Special Interest Group (SIG) on Coercive Control (CC) including Child Abuse and Neglect (CAN) and Intimate Partner Violence (IPV) – a call to join now

By: Marie-José van Hoof MD PhD MSc, iMindU GGZ in Leiden, the Netherlands.

By joining you help create a professional community that cares about stopping the intergenerational cycle of violence and traumatization and prevent mental health issues.

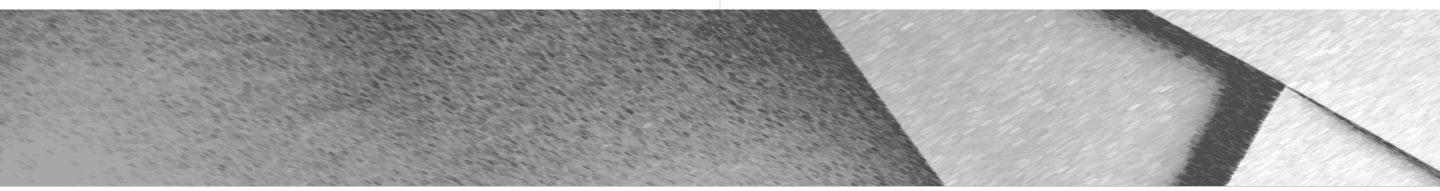
- Email: info@iacapap.org mentioning 'SIG CC – I want to join!'

The purpose of the SIG

1. Providing and sharing information and psychoeducation: increasing awareness of the existence of coercive control to professionals.
2. Providing and sharing information how to increase destigmatisation and empowerment for victims of CC, CAN, IPV.
3. Providing and sharing information how to use lived experiences of victims of CC, CAN and IPV in mental health practice.
4. Gathering and sharing tips and tricks for best practices and improvement of recognition of CC and application of measures.
5. Gathering and sharing stories from professional practices per country.
6. Gathering and sharing stories about own experiences of professionals with CC including CAN and IPV (intervision).
7. Answering the question what is needed for professionals/IACAPAP members to be able to better do their work personally and professionally and to be strengthened in recognition of CC including CAN and IPV and being able to act upon it to bring down the consequences of ACES and to break patterns.

Longterm goals might be:

8. Helping professionals to start national registration systems and/or Safety/Rape centers on CC including CAN and IPV.
9. Collecting research data per country worldwide.
10. Calling for action per country worldwide.
11. Collaboration with lawyers and advocates on CC, CAN and IPV e.g. at the European Council/Division of Violence against Women and UN.



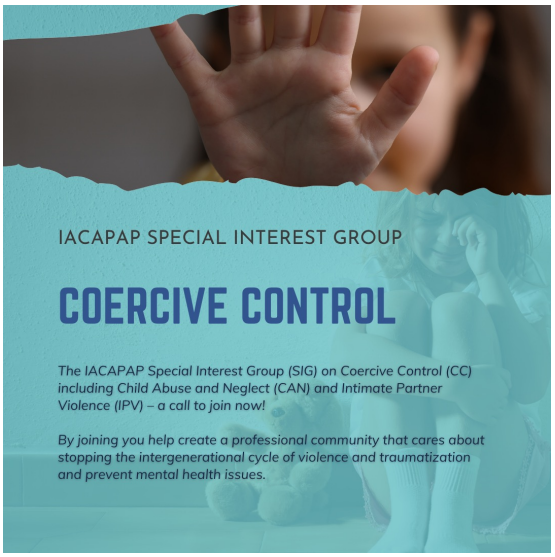
First activities

(dates, link and opportunities to be announced)

- Join the webinar on Coercive Control (including CAN and IPV)
- 'Donate your story' action using Story Connect (https://storyconnect/nl/en/)
- Interviews/podcast made possible during ESCAP 2025 in Strasbourg

Introduction

Since Felitti and colleagues (1998) conducted a large study on the role of Adverse Childhood Experiences (ACE) and showed they had a huge lifetime impact on physical and mental health in adulthood, it has become clear that we should address ACE worldwide to really improve both public somatic as well as mental health in the short- and longterm. Six out of 10 ACE have to do with child abuse and neglect (CAN) and sexual abuse. The other 4 ACE address household dysfunction: separation or divorce of one's parents, mental disorder of a family member, addiction problems of a family member and imprisonment of a family member below the age of 18. In case of cumulative cases the risk for own somatic or mental health conditions increases significantly (Anda et al., 2006). Also, in case of 4 or more ACE a study shows that an increased prevalence of unresolved-disorganized attachment occurs while absence of emotional support has about the same increased prevalence of unresolved-disorganized attachment (Murphy et al., 2014). An unresolved state of mind is associated

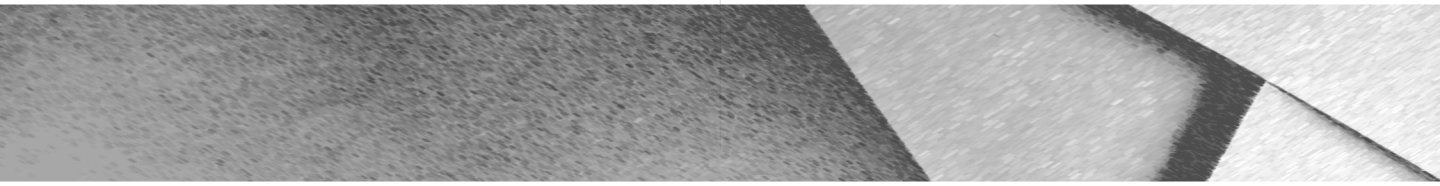


with PTSD (Harari et al., 2009) and other mental health problems, as well as problematic parenting (Steele et al., 2016). Though parenting distress and ACE are significantly higher in low SES, increased ACE scores add significant explained variance in parental distress. Also, social determinants of mental health, the so called household items (estrangement, bullying, adequate educational opportunities, stable income, debts, housing insecurity, access to transportation, access to playgrounds and parks, safety, food insecurity, discrimination and racism, social integration and support systems) have been associated with increased risk for adversity in life and poor health outcomes and should therefore be taken into account and addressed (Alegría et al., 2019).

Coercive control is a pattern of pervasive display of power and control in interpersonal relationships (Stark, 2007; 2009; 2020; 2024). It consists of an act or a pattern of acts of assault, threats,

humiliation, and intimidation or other (partner or child) abuse, including physical, sexual, financial or economic and systems abuse, that is designed and used to harm, punish, or frighten their victim (see also https://eige.europa.eu/publications-resources/publications/combating-coercive-control-and-psychological-violence-against-women-eu-member-states; https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship; https://www.nsw.gov.au/family-and-relationships/coercive-control/what-is-it; https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd17-rr17/p4.html?wbdisable=true). It can be seen at the microlevel in families, at the mesolevel in communities and organisations and at the macrolevel in national and international geopolitical interactions and conflicts.

At the microlevel in families coercive control appears to be more than 50% of domestic abuse and intimate partner violence (IPV) cases, at least in the Netherlands (https://longreads.cbs.nl/the-netherlands-in-numbers-2021/how-many-people-fall-victim-to-domestic-violence/; https://www.cbs.nl/nl-nl/longread/rapportages/2024/prevalentiemonitor-huiselijk-geweld-en-seksueel-grensoverschrijdend-gedrag-2024/samenvatting). A lesser percentage of IPV (estimated 30%) consists of other patterns of interaction that also need another approach to help solve the problem and stop the violence (Van Hoof, van Arum, Avontuur, 2023; 2025). As Monckton Smith (2012; 2021) showed, coercive control has an increased risk to accumulate in murder (specifically femicide and infanticide) and suicide (mostly of the perpetrator, but also victims can decide to kill themselves; https://www.linkedin.com/pulse/beyond-co-occurrence-interplay-coercive-control-suicide-david-mandel-mbfhe/). In her research she identified 8 stages that lead up to murder, the homicide timeline (see https://efjca.eu/doc/Presentation-Jane-Monckton-Smithe-Homicide-Timeline.pdf). Most victims are female, highlighting underlying misogyny, manosphere influence and gender-specific role patterns in society (https://www.rijksoverheid.nl/documenten/rapporten/2024/05/31/patroon-van-dwang-en-controle-is-genderspecifiek), however female perpetrators also exist. In the Netherlands every 8 days a woman is murdered by a man, usually an (ex-) partner (Van Hoof, van Arum, Avontuur, 2023; 2025; Van Hoof, 2025 https://www.ntvg.nl/podcast/56-dwingende-controle). Since women are crucial to survival of humanity, economic income, care for and education of offspring and empathic connections and attachment worldwide coercive control, including CAN and IPV, constitutes a



huge, overlooked problem (https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures#87144; https://www.economist.com/topics/women-around-the-world?utm_medium=cpc.adword.pd&utm_source=google&ppccampaignID=18151738051&ppcadID=&utm_campaign=a.22brand_pmax&utm_content=conversion.direct-response.anonymous&gclsrc=aw.ds&gad_source=5&gclid=EAIaIQobChMI). There is a lack of numbers and insight into the pervasiveness of coercive control worldwide, though stories from international patients in psychotherapy practice highlight its prevalence. In addition, examples from those stories elicited a lot of emotional recognition in a global professional audience as became clear during my presentation on the topic at the IACAPAP 2024 in Rio de Janeiro.

Because of its prevalence and impact coercive control constitutes a huge intergenerational public health problem. It gives fuel to an eternal violence-trauma-unresolved disorganized attachment perpetuation, which in turn generates conflicts and disruption in all layers of society. It also impacts child protection measures and the possibilities for mental health treatment (Avontuur, 2024; Avontuur & van Hoof, 2024; Mandel, 2024). Above all it plays an overlooked or negatively twisted, distorted role in court rulings. Despite international court rulings and treaties (e.g. EVRM, Treaty of Istanbul, Children's Rights act) that call for assessment of IPV in conflict divorce and in any child protection measure, this is not the case in most countries. Positive exceptions can be found in the UK, Australia and Canada. Since coercive control until recently has been barely recognized as such, at least in the Netherlands, this means that victims, both adults and children, become victimized again by systems that neglect the one-sided directed violence and don't stop the perpetrator from exercising negative influence through targeted acts and systems abuse (judicial, financial, economic, child protection services, careproviders, social institutions, etc.).

Awareness creates visibility and offers opportunities for change and stopping the intergenerational cycle of violence and traumatization. Reason to start a SIG on coercive control at IACAPAP. Please show your interest and join!

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IMPORTANT NOTES

- **The webinar is open to the public**.
- This webinar will be conducted virtually via Zoom.
- Participation is free, but registration is required in advance. Seats are limited, and it's based on first-come, first-served. After registration, a copy of the webinar confirmation email will be sent. By registering for a webinar, consent is given for registration details to be provided to IACAPAP for webinar preparation.
- No certificate of attendance will be provided.
- IACAPAP reserves the right at all times to change, add or remove any terms without prior notice.
- IACAPAP reserves the right to make alterations to the webinar program at any time.
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To register

From Isolation to Connection: Why We Started the International Pediatric Psychopharmacology SIG

By: Boris Lorberg, MD, MBA – IPP SIG Coordinator
Medical Director, Lawrence Community Behavioral Health Center (Beth Israel Lahey Health) Associate Professor of Psychiatry, UMass Chan-Lahey.

Less than a year ago, I was supervising a young trainee in a community clinic in the U.S. as she tried to figure out the right medication strategy for an adolescent with a combination of psychosis, autism, ADHD, anxiety, and trauma exposure. At the same time, I was emailing with a colleague from India about how to approach treatment in a setting where some medications were often unavailable or unaffordable. Around the same week, I received a message from a psychiatrist in Ukraine who was looking for consultation regarding a complex patient.

Despite being from different countries and cultures, they were all asking versions of the same question:

"What do I do—and who can I turn to for guidance?"

That's when the idea for the **International Pediatric Psychopharmacology Special Interest Group (IPP SIG)** really started to take shape.

The Global Reality

We often talk about how under-resourced child mental health care is. Just consider these numbers:

- In the **United States**, we have about **1 child psychiatrist for every 10,000 youth**.
- In other **high-income countries**, it's about **1 per 100,000 youth**.
- In many **low- and middle-income countries**, it drops to less than **1 per 1,000,000 youth**.

These figures aren't just statistics—they're daily reminders that many providers work in **extreme isolation**, without access to evolving knowledge, reliable mentorship, or clinical peer support.

A Different Vision

If we are to rise to this challenge, we need to **reimagine the role of child psychiatrist**s. Yes, we are clinicians—but we must also be **educators**, **connectors**, **advocates**, and **system builders**.

And while child psychiatry is a broad field, **pediatric psychopharmacology** is one of our most visible and foundational responsibilities. It's where science, medicine, and public health intersect. It's also where so many trainees and early-career clinicians might feel most uncomfortable and alone.

That's why we're starting here.

What the IPP SIG Hopes to Do

The **IPP SIG** was created under the umbrella of IACAPAP to bring together clinicians, educators, and trainees who want to learn, share, and grow in a **collaborative**, **international space**. Together, we hope to:

- **Build a global support network** for learning and sharing medication practices.
- **Promote bidirectional learning** – so that knowledge doesn't just flow from high-resource settings to low-resource ones, but goes both ways.
- **Support research, mentorship, and innovation**, especially in places where isolation and underfunding are the norm.

We're considering **virtual consultation models**, developing a **resource hub** on the IACAPAP website, and co-creating cross-cultural **cross-cultural teaching events and webinars**. But more than anything, we want this to be a space shaped by your input.

What You Can Do

Whether you're a trainee, a seasoned clinician, or somewhere in between – if you're someone who has ever felt the weight of a tough prescribing decision, wondered how others around the world are handling similar challenges, or wished you had more support – **this group is for you**.

We want to hear from you:

- **What topics do you care about?**
- **What would help you feel less alone and more empowered in your practice?**
- **What's the one thing that would make the biggest difference where you work?**

Please write to us at IPPsig.iacapap@gmail.com. Your voice will help shape our **first IPP SIG Webinar** and guide everything that follows. To become a member of IPP SIG, please complete your registration via the link.

We're not starting from scratch. We're building on the energy, experience, and hopes of people like you–around the world–who know that better care is possible when we work together.

Let's start this journey.

To learn more about the IPP SIG and view my full profile, visit the IACAPAP website.

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An Interview with IACAPAP Medal 2024 Winners

By: Dr. Rajesh Mehta, Child and Adolescent psychiatrist, Children's Hospital of The King's Daughters, Norfolk, Virginia, United States.

The IACAPAP Medal is presented by IACAPAP to recognise the accomplishments of a member of IACAPAP who has made outstanding contribution to IACAPAP.

The winners of the IACAPAP Medal 2024 are:

1. Dr Daniel Fung Shuen Sheng, Singapore
2. Dr Kerim Munir, United States

Interview with Dr Daniel Fung Shuen Sheng

1. Reflecting on Your Journey: Can you share some of the key highlights of your career in child and adolescent mental health, including any defining moments or experiences that shaped your path?

It's funny how time flies. I've often felt like the "young one" in the room, perhaps because I've always carried a sense of the inner child within me. Along the way, many experiences have shaped my path, but let me share three that have remained close to my heart.

The first was the tragic loss of a university friend. He was doing an honours year in science, and I was in my fourth year of medical school. We worked together on our Varsity Christian Fellowship newsletter, Epistole. His emotional intensity and deep reflections were, at the time, mistaken for religious fervour. In hindsight, they were early signs of bipolar disorder. Sadly, he died by suicide shortly after our final examinations. That experience profoundly impacted me and affirmed my decision to become a psychiatrist.

I chose to specialise in child and adolescent psychiatry at a time when few in Singapore did so. In the 1990s, child psychiatry was a rather isolated discipline. I consulted a senior from my medical school small group, who advised me to train at Woodbridge Hospital instead of the university setting. It wasn't the obvious choice—Woodbridge was a large state mental hospital far from where I lived—but I trusted his wisdom. That decision eventually led me to head the Department of Child and Adolescent Psychiatry in 2007.

Figure 1: Picture taken at the 26th World Congress of the IACAPAP in Rio, Brazil - Dr Daniel Fung, Dr Myron Belfer and Dr Luis Rohde (from left to right).

The third defining moment came from a patient I met when she was just 12. She had been diagnosed with treatment-resistant schizophrenia and was already on clozapine. Withdrawn and unable to attend school, she also received ECT under our care. Despite her initial resistance, we persisted with a structured plan, including reintegration into school. Today, at 24, she's attending a technical college and learning to live independently. Her journey is a constant reminder to me—and to all of us—that chronic mental illness does not mean a life without dignity or purpose. There is always hope.

2. Advice for Early Career Professionals: What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?

Psychiatry is more than a profession—it is a calling. For early-career professionals, my advice is to keep seeking meaning in the work you do. Serving "the last, the least, and the lost" offers deep purpose and resilience amid the challenges.

Instead of thinking purely in terms of jobs or careers, ask yourself: What is my calling? Finding that purpose will help you sustain your passion and wellbeing in the long run.

Three things have kept me grounded:

- Work-life harmony, not balance, because both domains enrich each other.

- Collaborative teamwork, where interdependence is a strength.

- And a commitment to lifelong growth, through reflection, learning, and curiosity.

Engaging in research—especially that which advances care and prevention—has kept me searching for answers in a field still full of unknowns.

3. The Role of Mentorship: How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?

I've been fortunate to encounter mentors serendipitously throughout my career. My first supervisor was formative—he taught me not only how to think clinically but also how to reflect deeply. Daily discussions with him shaped my early professional identity.

Beyond psychiatry, I learned from colleagues in medicine, ethics, and public health. One mentor—an editor of our national medical association newsletter—encouraged me to write. Through op-eds and essays, I discovered my voice, and more importantly, my calling.

Great mentors do more than teach. They listen, guide, challenge, and empower. They help you become more of who you already are.

4. Impact of IACAPAP: How has IACAPAP influenced your career?

IACAPAP has broadened my professional lens and allowed me to adopt a truly global perspective on child and adolescent mental health. It connected me to peers and practices from around the world and helped me appreciate cultural and contextual diversity in mental healthcare.

Over the years, it has also offered opportunities to synthesize ideas and adapt innovations to suit local needs. And quite literally, it gave me the chance to travel across the globe to meet, listen to, and learn from the very populations we aim to serve.

5. Future Directions: Looking ahead, what do you believe are the most pressing challenges or exciting opportunities in child and adolescent mental health globally?

Looking ahead, I believe four major challenges lie before us, aligned with WHO's identified gaps: governance, services, information, and resources.

• Collaboration is essential—not just in principle, but in action. We must share resources and avoid reinventing the wheel.

• Co-creation with youth and caregivers is vital. Interventions will only be effective if they are meaningful and acceptable to those we serve.

• Competency-based training must take precedence over qualification-driven models, especially in low-resource settings. We need to optimise the use of allied health professionals and community workers in supporting youth mental health.

- Finally, cost remains a pressing issue. Embracing scalable solutions, including digital technologies and AI, will be crucial to expanding access affordably and equitably.

The future of child and adolescent mental health will demand innovation—but always anchored in empathy, equity, and partnership.

Interview with Dr Kerim Munir

1. **Reflecting on Your Journey: Can you share some of the key highlights of your career in child and adolescent mental health, including any defining moments or experiences that shaped your path?**

My journey in global child and adolescent mental health began with a deep sense of responsibility towards the most vulnerable—those with neurodevelopmental differences who often lacked access to even the most basic care. A defining moment was my work during the Marmara Earthquake emergency in Turkey, where I witnessed firsthand the intersection of disaster, trauma, and neglect of mental health needs – in fact, the latter predated the disaster. This experience catalysed my lifelong commitment to integrating developmental psychiatry into public health and policy. At Boston Children's Hospital, I founded the first NIH-sponsored program in Mental Health and Developmental Disabilities (MHDD) which has been an important milestone. It provided an advanced collaborative model that combined interdisciplinary training, research, and clinical service. Directing the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) psychiatry core for over two decades has been equally meaningful, enabling me to mentor a generation of clinicians and researchers that not only included national trainees, but visiting international trainees and medical and public health students. Equally pivotal were my contributions to the classification of Intellectual Developmental Disorders for the WHO ICD-11 and the APA DSM-5, ensuring these reflect both intellectual functioning and adaptive behavior—thus aligning classification with real-world care and equity.

2. **Advice for Early Career Professionals: What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?**

The field of child and adolescent mental health offers unparalleled opportunities to make a difference. To early-career professionals, I would say: align your work with your deepest values, stay humble in the face of complexity, and always seek to understand the broader context—cultural, historical, and systemic. Be fearless in bridging disciplines, especially when addressing mental health in under-resourced or

Figure 2: Picture taken at the 26th World Congress of the IACAPAP in Rio, Brazil - Dr Kerim Munir, Dr Myron Belfer and Dr Luis Rohde (from left to right).

humanitarian settings. Invest in building long-term collaborations and never underestimate the importance of mentorship and teaching. Let your scholarship be a vehicle not just for discovery but for advocacy, capacity building, and systems change.

3. The Role of Mentorship: How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?

Mentorship has been a cornerstone of my growth and a responsibility I have always embraced with great care. Growing up on the Mediterranean island of Cyprus during a time of intense communal strife, I learned early on that resilience is forged by the guidance of our teachers. My formative years at the bicommunal English School in Nicosia taught me the value of dialogue and shared purpose across different perspectives. That foundation carried me to University College in London, and eventually across the Atlantic to begin my residency at Massachusetts General Hospital—an opportunity made possible by a great teacher, Jonathan Borus, who, in my view, remains the most remarkable residency training director. Under his leadership, our program flourished "beneath the Ether Dome," cultivating a truly exceptional learning environment.

At MGH, Gerald Klerman's mentorship inspired me to pursue doctoral training in psychiatric epidemiology at the Harvard School of Public Health (HSPH), a decision that would fundamentally shape my academic path. During that time, I was privileged to be mentored by Chester (Chet) Pierce, whose weekly meetings and enduring wisdom left an indelible mark. Chet generously continued our

annual "follow-up" meetings in Harvard Square for years and once gifted me with a visit to the home of Henry Murray—of TAT fame. Many of our conversations centered on global health, then a rare pursuit, and were foundational to my later work with UNICEF following the Marmara earthquakes in Turkey.

At HSPH years, I grew close to Leon Eisenberg and Carola Eisenberg—luminaries whose brilliance and profound humanity I deeply cherished. Through their example, I began to find my voice as an educator. I am equally grateful to Tony Earls, whose guidance helped me secure my first NIMH K-award, and to Myron Belfer, IACAPAP's honorary president, whose mentorship helped launch my academic career in child and adolescent psychiatry. I had the privilege of following in the footsteps of Ludwik Szymanski at Boston Children's. Ludwik, together with Jim Harris, shaped my understanding of developmental psychopathology, weaving together developmental, psychobiological, and social perspectives.

In turn, I have sought to pay this legacy forward by mentoring over 100 postdoctoral fellows and junior faculty, many from low- and middle-income countries, through NIH/NIMH and Fogarty-supported training programs, and through the LEND network. To me, a great mentor listens deeply, creates meaningful opportunities, respects the mentee's unique trajectory, and fosters ethical and interdisciplinary thinking. At its best, mentorship is reciprocal—it transforms the mentor as much as the mentee. Above all, authentic mentorship is built not only on experience but on dedication, integrity, and a commitment to the growth of others.

4. Impact of IACAPAP: How has IACAPAP influenced your career?

IACAPAP has served as a guiding compass throughout my career. It offers a unique global platform to build bridges across disciplines, cultures, and generations. The organization's enduring emphasis on equity, capacity-building, and the rights of children has deeply resonated with my own values. Through its expansive international network, IACAPAP has amplified the reach and impact of collaborative research and training initiatives—particularly in LMICs—by fostering meaningful dialogue, mentorship, and the dissemination of innovative approaches to care.

My connection with Donald J. Cohen dates to a week-long NIMH networking meeting for K-awardees in Pittsburgh, where I had the privilege of being assigned to him as my preceptor. Donald was a visionary who championed global child mental health and, like Myron Belfer, played a pivotal role in broadening IACAPAP's focus to include the needs of children in under-resourced

settings. To my mind, their shared commitment to equity and capacity-building exemplifies the very best of IACAPAP's mission.

I came to further appreciate Donald's enduring legacy during my visits to Israel with Ludwik Szymanski, where I met Nathaniel Laor—a psychiatrist, philosopher, and a leading voice in the study of collective trauma. His work became a profound source of inspiration during my involvement with UNICEF following the Marmara earthquakes. In its early phase, I was honored to join the Donald J. Cohen Fellowship Program as a mentor when invited by Andrés Martin and Joaquín Fuentes. One of the fellows, Muideen O. Bakare, became a treasured mentee, collaborator, and dear friend.

5. Future Directions: Looking ahead, what do you believe are the most pressing challenges or exciting opportunities in child and adolescent mental health globally?

Globally, we face dual challenges in child and adolescent mental health: expanding the reach of services and ensuring quality, equity, and cultural relevance. The ongoing crises—climate change, conflict, displacement—demand scalable, community-embedded mental health strategies. Yet equally, we must grapple with the digital and ethical frontiers of care, including AI, social media, and genomics. I see exciting opportunities in integrating developmental science with global health policy, emphasizing preventive interventions, and reinforcing the inclusion of individuals with intellectual and developmental disabilities in all aspects of care and research. Above all, we must train the next generation of child mental health professionals to be adaptive, collaborative, and ethically grounded.

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Learning to Listen: Reflections from Vietnam and Liberia

By: Dr Vinh-Son Nguyen, M.D. Child and Adolescent Psychiatry Fellow, Boston Children's Hospital and Hesham Hamoda, MD, MPH, Co-Director, Global Health Program, Department of Psychiatry and Behavioral Sciences, Boston Children's Hospital.

I use to think of global health as something we do out there—a well-intentioned effort to bring expertise to under-resourced settings. But after my recent visits to Vietnam and Liberia, I've come to realize that framing is not only outdated—it's incomplete. At its best, global mental health is rooted in presence, partnership, and bidirectional learning. And for trainees, it can be one of the most meaningful opportunities to grow—not just as clinicians, but as people.

As a child and adolescent psychiatry fellow, I recently had the chance to work with pediatric trainees in both countries. In Vietnam, I co-led teaching sessions for Vietnamese medical students and residents with my team which included pediatric resident Lydia Sobhi, and medical students at the University of Texas Health Science Center at San Antonio, Sophia Koo and Sana Suhail. Our focus was on recognizing and responding to anxiety and depression in children and adolescents—issues they frequently encountered but felt underprepared to manage. The conversations were honest, grounded, and deeply human: How do we talk to children about the fear of death? How do we support families when a sibling is struggling? How do we honor cultural beliefs while still advocating for patient autonomy?

Figure 1: Delivering a lecture on depression in children and adolescents to Vietnamese medical students during their psychiatry rotation. We discussed how depression can present in children and the importance of addressing youth mental health challenges.

Teaching in Vietnam also came with a personal dimension. As a Vietnamese American, I expected to feel a sense of familiarity. Instead, I found myself walking a line between insider and outsider—fluent enough to catch the jokes, but not always enough to join in; connected to the culture, yet still aware of the distance. It was a humbling reminder that cultural humility isn't something we master after one visit or one trip—it's a lifelong practice.

In Liberia, our team which included Stacy Drury, Chair of the Department of Psychiatry and Behavioral Sciences at Boston Children's Hospital and Michelle Niescierenko, Director of Global Health at Boston Children's Hospital, visited a variety of sites.

Upon our arrival to the national hospital we asked the pediatric residents what topics would be most useful to them. Their response was clear: they wanted help distinguishing between psychosis and delirium in children, and guidance on when to involve psychiatry. So, we built our session around their needs. We thought through together how to psychiatrically assess a patient in a systematic way, similar to how they normally think through cases. The questions were sharp, relevant, and culturally insightful. Access to labs and imaging was limited, but the clinical commitment to doing the best with what was available was unwavering.

One of the most memorable moments came during a visit to a community program called Teach Teens to Fish, which educates teens about entrepreneurship and sexual reproductive health. We met a young girl who proudly showed us the bead bracelets she had made, along with book covers and menstrual hygiene pouches crafted from recycled rice bags. She beamed as she explained how she had learned to make them—excited to share not just her creations, but the skills and confidence she had gained in the process. It was a simple exchange, but it underscored something essential: global health isn't just about diagnoses or treatment algorithms—it's also about empowerment, dignity, and joy. Programs rooted in community ownership often reach young people in ways formal systems cannot.

Despite how different these two cultures are—separated by continents, language,

Figure 2: Our visiting team meets with a child psychiatrist at Hanoi National Pediatric Hospital. We exchanged insights on improving access to pediatric mental health services in Vietnam and discussed strategies to strengthen cross-cultural collaboration in care. (Pictured from left to right: Vinh-Son Nguyen, Lydia Sobhi, Sophia Koo, Sana Suhail, and Quyet Nguyen).

Figure 3: In Bomi County, Liberia, our team toured Teach Teens to Fish with its founder, Shirley Seckey, RN, FWACN and Ministry of Health mental health clinician, Eric Weah. Shirley described the impact it has had on the community and her plans to expand to neighboring villages. (Pictured from left to right: Eric Weah, Stacy Drury, Shirley Seckey, and Michelle Niescierenko).

and history—I was struck by their shared strength. Both Vietnam and Liberia carry the weight of devastating wars. And yet, in both places, the people I met were resilient, optimistic, and focused on building something better for the next generation. That quiet, steady determination was everywhere—in the residents reviewing cases after hours, in the medical students asking hard questions, in the teenagers proud to share what they had made with their own hands.

The human spirit to endure, to adapt, and to grow—despite adversity—is not unique to any one country. It lives in all of us. And witnessing that spirit firsthand, across two very different settings, reminded me of the universal foundations of this work: healing, connection, and hope.

These experiences reinforced my belief that global mental health education should be a core part of training. We practice differently when we lead with humility. We teach more effectively when we listen first. And we grow most when we show up—not as experts, but as partners. The future of psychiatry won't be built solely in hospitals and clinics, but also in classrooms, community centers, and homes around the world—places where care begins with connection, not credentials.

For trainees, global health offers more than a chance to explore new health systems—it sharpens empathy, challenges assumptions, and invites reflection on the kind of psychiatrists we want to become. I entered this work hoping to share what I knew. I left with a deeper understanding of what I still needed to learn.

Global mental health isn't about saving—it's about standing alongside. It's about seeing others more clearly, and in doing

Figure 4: Gathering with members of Liberia's Ministry of Health Mental Health Unit to discuss national priorities in child and adolescent mental health and substance use initiatives.

so, seeing ourselves with more honesty, too.

And for me, that's where the real learning begins.

Reflections from Dr. Hamoda:

It's been an amazing and humbling experience to supervise Vinh-Son during his global mental health elective and witness his growth, which is captured in this lovely reflection. This elective in global mental health, being offered for the first time at Boston Children's Hospital Psychiatry and Behavioral Sciences Department, provides our trainees with an opportunity to engage in a variety of activities whether educational, research or service to further their knowledge and skills in global mental health.

Child and Adolescent Psychiatry trainees should be on the forefront of global mental health efforts that improve the lives of children and families worldwide. Learning and growth do not only happen in the clinic in our home countries, but working globally expands our horizons and helps trainees truly understand the social determinants of health and the role of equity in global health. This understanding also allows them to better address domestic needs particularly in marginalized and low resourced settings in their home countries. As Vinh-Son emphasized, the learning is bidirectional, can be truly transformational and that learning to listen, to truly listen, is one of the most important skills we need to learn as mental health professionals. I encourage all trainees to consider experiences in global mental health.

I leave you with this lovely quote from Paul Farmer:

"The idea that some lives matter less is the root of all that is wrong with the world."

Note from the editor: Due to a conflict of interests pertaining to Dr. Hamoda, the editorial process was handled by Deputy Editor Dr. Lakshmi Sravanti

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

CAPMH Corner

By: Lakshmi Sravanti, India
Deputy Editor, CAPMH

Child and Adolescent Psychiatry and Mental Health (CAPMH) is the official IACAPAP Journal. The "CAPMH Corner" of the the June 2025 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH – Impaired sleep quality mediates the relationship between internet gaming disorder and conduct problems among adolescents: a three-wave longitudinal study (Peng et al., 2025), Global prevalence of nocturnal enuresis and associated factors among children and adolescents: a systematic review and meta-analysis (Adisu et al., 2025), and The impact of universal mental health screening on stigma in primary schools (Songco et al., 2025).

Research | Open access | Published: 21 March 2025

Impaired sleep quality mediates the relationship between internet gaming disorder and conduct problems among adolescents: a three-wave longitudinal study

Click here to access the article

Pu Peng, Jieyin Jin, Zhangming Chen, Silan Ren, Ying He, Jinguang Li, Aijun Liao, Linlin Zhao, Xu Shao, Shanshan Chen, Ruini He, Yudiao Liang, Youguo Tan, Xiaogang Chen, Jinsong Tang & Yanhui Liao

Child and Adolescent Psychiatry and Mental Health **19**, Article number: 26 (2025) | Cite this article

590 Accesses | Metrics

Peng et al., (2025) discuss the growing concern of Internet Gaming Disorder (IGD) among adolescents and highlight the need to examine how sex and developmental stage influence the relationship between IGD, conduct problems, and impaired sleep quality.

The team sets out to conduct a three-wave longitudinal school-based study among Chinese adolescents (n = 20137), aiming to test the following hypotheses: (1) Is IGD an independent risk factor for conduct problems among adolescents? (2) Does impaired sleep quality mediate the relationship between IGD and conduct problems? (3) Is there a difference in the association between IGD, conduct problems, and impaired sleep quality across sex and developmental stages? Internet Gaming Disorder (IGD) was assessed at baseline (T1) using the nine-item Internet Gaming Disorder Scale – Short Form (IGDS9-SF), conduct problems were assessed using the conduct problems subscale from the Strengths and Difficulties Questionnaire (SDQ) at T1, T2, and T3, and impaired sleep quality was measured at T1 and T2 using the Pittsburgh Sleep Quality Index (PSQI). They use descriptive statistics, Chi-square tests for categorical variables and Student's t-tests for continuous variables, logistic regression models

mediation analysis and multiple-group analyses for data analysis.

Initially, 20,137 seventh and tenth-grade students were enrolled in the study. At the first follow-up (T2), 15,061 students participated (response rate: 75%), and at the second follow-up (T3), 14,706 students completed the survey (response rate: 73%). Approximately 85% of the adolescents participated in at least one follow-up (n = 16,982), and 63% (n = 12,785) participated in all three waves. The prevalence of conduct problems decreased over time, from 9.0% at T1 to 6.5% at T2 and 6.0% at T3. Logistic regression analyses revealed that both cross-sectional and longitudinal associations between IGD and conduct problems remained significant after adjusting for baseline covariates. The mediation analysis revealed both direct and indirect effects of IGD on conduct problems. The direct effect of IGD on conduct problems was 0.041 (95% CI = 0.020-0.062), and the indirect effect via impaired sleep quality was also significant (β=0.010, 95% CI=0.006-0.014). IGD had significant direct and indirect effects on conduct problems in both genders, with stronger effects in boys (total effect = 0.061, direct effect = 0.051) compared to girls (total effect = 0.037, direct effect = 0.029). However, sleep quality mediated a larger proportion of the effect in girls (21.6%) than boys (16.4%). Both early and late adolescents showed similar total effects, but sleep quality played a greater mediating role in early adolescence (23.5%) than in late adolescence (10%), suggesting its stronger influence during early adolescence.

The authors acknowledge the study's strengths – namely, a large sample size and a robust three-wave longitudinal design; and its limitations – including reliance on self-reported measures; limited generalizability due to the exclusive focus on Chinese adolescents; the omission of other potential mediators such as emotion regulation, family dysfunction, and cyberbullying; and the observational design, which limits causal inference and does not rule out reverse causation. They conclude by recommending that future research address these limitations by incorporating objective measures, diverse populations, and additional mediators to better understand the mechanisms linking IGD to conduct problems.

Review | Open access | Published: 20 March 2025

Click here to access the article

Global prevalence of nocturnal enuresis and associated factors among children and adolescents: a systematic review and meta-analysis

Molalign Aligaz Adisu ✉, Tesfaye Engdaw Habtie, Melesse Abiye Munie, Molla Azmeraw Bizuayehu, Alemu Birara Zemariam & Yabibal Asfaw Derso

Child and Adolescent Psychiatry and Mental Health **19**, Article number: 23 (2025) | Cite this article

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Adisu et al., (2025) highlight that nocturnal enuresis (NE) is a hidden public health concern that warrants greater attention and emphasize the need to understand its contributing factors for effective management. They carry out a systematic review and meta-analysis following PRISMA guidelines, after registering with PROSPERO, to provide a comprehensive overview of the global prevalence of nocturnal enuresis and its associated factors.

The team includes observational studies (longitudinal, cross-sectional, and case-control) conducted among children and adolescents aged 5 to 18, published in English and available electronically. Using an adapted PEOS framework, they develop review questions focused on the global prevalence of NE and its associated factors. They search – PubMed Central, Cochrane Library, Web of Science, Scopus, and Google Scholar, using defined MeSH and free-text terms with Boolean operators. Three independent reviewers assess the study quality using a modified Newcastle-Ottawa Scale. They calculate the prevalence estimates with corresponding standard errors using the formulas $p = r/n$ and $SE = \sqrt{p(1-p)/n}$, where p is the proportion, r is the number of children with nocturnal enuresis, and n is the sample size. They employ a random-effects model to pool prevalence with 95% confidence intervals, using a significance threshold of $p < 0.05$. They assess heterogeneity using the I^2 index and Cochran's Q test, with I^2 values interpreted as low (<25%), moderate (25–50%), or high (>75%). They carry out subgroup analyses by year of publication and continent to explore sources of heterogeneity, and perform sensitivity analysis to evaluate the influence of individual studies. They examine publication bias through funnel plot symmetry, Egger's test, and trim-and-fill methods.

A comprehensive meta-analysis of 127 studies involving 445,242 individuals across 39 countries and six continents revealed a pooled prevalence of NE among children and adolescents at 7.2% (95% CI: 6.2–8.1%), with no heterogeneity ($I^2 = 0\%$). The majority of studies (117) were cross-sectional, with 113 examining both primary and secondary NE. Subgroup analysis showed higher prevalence in Africa

(12%) and Australia (14%) compared to Asia (6%) and Europe (8%), while prevalence by publication year was highest post-2019 (11%). Nearly half the participants were female (48.7%), with 60% of NE cases being male and 71.6% classified as primary NE. Publication bias was detected (Egger's test p = 0.000), but trim-and-fill analysis showed minimal effect on the pooled estimate. Factors significantly associated with NE included family history (pooled AOR 1.49, 95% CI: 1.26–1.71), positive history of urinary tract infection (AOR 3.89, 95% CI: 2.93–4.46), stressful life events (AOR 1.90, 95% CI: 1.75–2.05), and male sex (AOR 1.63, 95% CI: 1.31–1.94), while being first-born was associated with a lower risk (AOR 0.5, 95% CI: 0.37–0.62). Sensitivity analyses confirmed the robustness of the results, indicating no influential outliers across studies.

The authors acknowledge strengths of their study – the first systematic review of global nocturnal enuresis prevalence among children and adolescents, inclusion of studies without date restrictions to maximize coverage, and the homogeneity of findings which enhances generalizability. They also highlight the limitations including variability in assessment criteria across regions and challenges in accessing full-length articles for some studies. They conclude that nocturnal enuresis is associated with significant risk factors including family history, urinary tract infections, stressful events, birth order, and sex. They emphasize the need for early screening and individualized interventions, and recommend future research focus on targeted strategies and the long-term psychological impacts of the condition.

Research | Open access | Published: 29 January 2025

The impact of universal mental health screening on stigma in primary schools

Annabel Songco, Deanna A. Francis, Emma A. McDermott, Chloe Y. S. Lim, Abigail Allsop, Joseph Croguennec, Gemma Sicouri, Andrew Mackinnon & Jennifer L. Hudson

Child and Adolescent Psychiatry and Mental Health **19**, Article number: 5 (2025) | Cite this article

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Songco et al., (2025) discuss common mental health disorders in children, particularly anxiety and depressive disorders, and their impact on children's social, emotional, and educational development. They emphasize the importance of universal screening and school-based interventions. The authors highlight mental health stigma and low mental health literacy among children and parents as key barriers to accessing care, and they examine the impact of assessing mental health symptoms on stigma in primary school children.

The authors conduct a cluster randomised controlled trial involving 798 primary school children aged 8–13 years from across Australia, with schools randomly assigned to either a monitor A or monitor B group, using stratification based on socioeconomic status, geographic location, and school gender composition. Participants completed assessments at baseline, 6-week, and 12-week follow-ups using the Paediatric Self-Stigmatization Scale (PaedS) and the Revised Child Anxiety and Depression Scale (RCADS-25). Mixed-model repeated measures (MMRM) analyses examined changes in overall and subtypes of stigma (societal devaluation, personal rejection, self-stigma, secrecy), anxiety, and depression over time, accounting for school-level clustering.

They report no overall group differences in stigma ($F[1, 3.039] = 0.094$, $p = 0.277$, 95% CI [− 0.131, 0.319]). However, stigma significantly decreased at 12 weeks compared to baseline, with no change at 6 weeks. A significant group × time interaction showed that stigma decreased in the Monitor A group but increased in the Monitor B group at both 6 and 12 weeks. There was no significant group difference or interaction effect in concerns about societal devaluation ($F[1, 3.247] = 0.014$, $p = 0.937$, 95% CI [− 0.499, 0.528]). However, a significant time effect showed reduced concerns from baseline to both 6 and 12 weeks, even after adjusting for multiple comparisons. There were no significant group differences in concerns around personal rejection, self-stigma, secrecy, anxiety, or depression. A small decrease in personal rejection at 6 weeks ($F[2, 513.279] = − 0.053$, $p = 0.034$, 95% CI [− 0.102, − 0.004]), would not remain significant if adjusted for multiple comparisons. Concerns around self-

stigma and secrecy significantly increased over time, with group differences in the magnitude of increase; however, only some of these interaction effects remained significant after correction. Anxiety showed a significant group × time interaction, with a greater reduction in the monitor A group (F[1, 346.525] = − 1.735, p = 0.010, 95% CI [− 3.059, − 0.411), while depression showed no significant changes over time or between groups (F[1, 1.705] = − 0.396, p = 0.557, 95% CI[− 3.200, 2.409).

The team acknowledges strengths of their study – being the first cluster randomised controlled trial to examine the impact of universal mental health screening on stigma in primary school children, exploring multiple dimensions of stigma, employing a unique study design with important implications for school-based interventions, and including follow-up assessments at 6 and 12 weeks. They also highlight limitations including a small and unbalanced number of participating schools, challenges in recruitment due to post-COVID-19 constraints, and limited generalisability due to sampling bias, as most participating schools were Independent schools from New South Wales. They conclude by emphasizing that while universal mental health checks in primary schools may reduce stigma over time, caution is warranted as such assessments could also inadvertently increase self-stigma and secrecy among children. They recommend future research to refine study designs, ensure inclusivity, improve measurement methods, and engage diverse school populations and parents to better understand and mitigate potential harms of school-based mental health screening.

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CALL FOR EXPRESSIONS OF INTEREST: HOST INSTITUTIONS FOR SNF GLOBAL CENTER CLINICAL FELLOWSHIP

The Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute, in partnership with the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), invites expressions of interest from institutions interested in hosting international fellows through the SNF Global Center Clinical Fellowship Program. This innovative two-year fellowship is designed to strengthen child and adolescent mental health (CAMH) services in low- and middle-income countries (LMICs) by building the capacity of public-sector clinicians through intensive, specialized training. The program pairs a host institution offering CAMH expertise with a home institution in an LMIC where fellows will return to implement services.

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Institutions interested in becoming host partners are invited to submit a brief Expression of Interest to explore potential alignment. Submitting an Expression of Interest does not guarantee selection or funding. Rather, it serves as an opportunity for institutions to signal interest and begin a conversation with the SNF Global Center about potential alignment. If a formal partnership is pursued and confirmed, selected host institutions will receive full program funding, including support for fellow stipends, training, and administrative costs. EOIs are reviewed on a rolling basis. For more information, contact Peter Raucci at peter.raucci@childmind.org.

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Bring Back the Girl with Stars in Her Hair

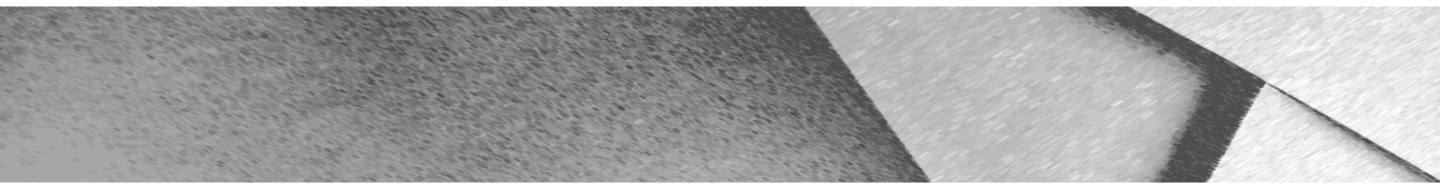
Bring me back the girl with stars in her hair
Who doesn't cling to memories like a doll,
And doesn't carry past mistakes
As burdens upon her soul.

Who knows how to love, and cherishes the now,
Not always chasing a sweeter time somehow.

Who has true friends, boys and girls alike,
And loves to be with them—that's what matters most,
Who doesn't speak of childhood like some old crone
Talking of a lovely memory long lost.

Oh, if only I knew where she might hide,
Vanished at sunset, like a bird in flight...
Bring back the girl with stars in her hair
Who lives her life with a smiling light.

~ Tijana ~



Back from the Edge: A Journey Through Darkness, Despair, and Survival

It looked perfect from the outside. I was smart, driven, and surrounded by a loving family and friends. I seemed to have it all.

People saw the trophies. The grades. The smile.
But they didn't see the cracks.
They didn't hear the voice in my head that said,
"Not enough. Never enough."

No one saw the truth. I hadn't been okay for a long time.

Even as a child, I felt different. My mind never slowed down – always overthinking, overanalysing, trying to be the best. I craved praise and validation. I held myself to impossible standards. I didn't know that wasn't normal. I thought that was how people were wired.

And long before the perfectionism or anxiety arrived, there was something deeper, which shaped everything.

When I was just 18 months old, I was in a severe accident. I was in the ICU for two months, and they weren't sure if I was going to make it. I survived. But I had the scars.

By the time I was four, I started realizing how other kids used to stare at me and look at me differently.

So, I made a conscious decision at four. I wanted people to look at me because of the things I could do, not how I looked. I always felt this need to prove my worth. The amount of pain a 4-year-old would've felt to make this kind of decision is unimaginable.

When I look back, I just wish I could hug her and tell her "YOU ARE ENOUGH".

I worked hard.

Sports. Academics. Singing. Dancing. Speaking.
I chased every gold medal, every applause, every title like it was oxygen.

But here's the truth:
Perfection is a beautiful cage.
And I had locked myself inside it.

By 10th grade, I had achieved the dream. I had become head girl and exceled at everything I did. But my relationship with success was toxic – 99 didn't make me happy; That 1 mark lost made me sad.

I was addicted to achievement, and I played life like a competition I couldn't afford to lose. Even fun activities, like sports, became battlegrounds.

But I didn't know that underneath, everything was falling apart.

It didn't make sense. I had everything I had ever wanted – yet I felt the worst I'd ever felt.

I started questioning my entire existence. There was sadness I couldn't explain, anger I couldn't comprehend. It felt like everything I had worked for was slipping away.

There were moments I'd just be studying when this wave would crash over me. I'd cry uncontrollably, heart racing, chest tightening. I knew these were panic attacks; had experienced them before, but never this intensely.

Still, I kept going. I kept trying to do it all. I stopped feeling joy in the things I used to love. My mind was constantly spinning with fear and thoughts that I wasn't good enough.

And slowly, that voice in my head – the one I'd always had become louder. Crueller. And this time, it didn't whisper, it screamed.

"You're a burden."
"You've ruined everything."
"They'd be better off without you."

I felt so helpless. I wanted to be better for my family but I couldn't bring myself to be. I had lost the will to live.

Many people came and told me how I shouldn't cry and get stressed over small things, to have willpower and think about people around me. It just made me feel weak.

I couldn't sleep. I couldn't eat. I cried every day. I felt like I was losing my grip on reality. The voice got so loud it felt real. I was trembling constantly, shutting my ears and screaming without memory of doing so.

My parents noticed how I had become quiet, frail, disconnected. When I finally told them the truth about the thoughts, the pain, the self-harm, they were terrified. But they stood by me.

We saw doctors, neurologists, psychiatrists. I started medication and therapy. But nothing seemed to help. I was spiralling deeper, faster.

I was hospitalized in a psychiatric care center just before my board exams. No one knew if I'd be able to give them. It was one of the hardest months of my life.

But with the support of everyone around, I did it.

I thought that once the pressure of exams was gone, everything would be fine again. But I still didn't feel ok.

I scored 96%. People around me said it was incredible, especially after everything I had been through. They were proud. But I wasn't. All I could focus on was how far I'd fallen from the impossibly high standards I had set for myself.

I didn't see resilience — I saw failure in disguise.

I started 11th grade in a new school. I had new subjects, new friends, and was even studying psychology. I loved it not just because of my journey but because I realized how unaware we were.

It felt like a second chance.

But slowly, the darkness returned.

Sometimes, the scariest thing isn't the breakdown.
It's when the darkness sneaks back in — quietly, slowly, until one day you realize:
You're back in that place.

The weight returned. Heavier.
I didn't want to die.
But I couldn't live with that pain anymore.

And so, I crossed a line.
Not once, but twice.
I came dangerously close to not being here at all.

I felt like I was drowning and no one could hear my cry for help.

It was terrifying. For me and for the people who loved me. Then one day, I completely dissociated from reality. I was paranoid, unrecognizing, lost.

When I came out of that dissociation after a month, I knew I couldn't keep going like this. I spoke to my parents, therapist, and doctor. We agreed I needed a break, a REAL one. I had already missed school anyway. This break became a turning point.

I stayed consistent with my medication. and therapy. For the first time, I started understanding myself – not just my symptoms, but *why* they were happening. We explored my thought patterns and started learning how to interrupt them.

Now I was doing everything I used to, study, sing, dance, play.

I returned to school, changed.

I was smiling again, *genuinely smiling*. I felt like the version of me I hadn't been in a long time.

I was still driven, still ambitious, but I wasn't ruled by it.

I slowly, gently, reclaimed my life.

I finished 11th grade strong without breaking down. I lost a few marks but I was at peace with it.

Finally, I truly feel ok.

There are still anxious days, ups and downs. Not every moment is easy. But I handle it better now. I take my meds and talk about what's on my mind. It has made *all* the difference.

Therapy has helped me realize that I don't have to be perfect to be worthy, that it's okay to fall apart sometimes. It taught me how to break free from the patterns that were holding me back and how to be more self-compassionate.

This journey changed me. It made me softer, more empathetic, more aware.

If sharing my story can make an impact in how people view mental illness, if it can make anyone feel less alone, it is worth it.

Mental illness is not a weakness. It's a part of who I am, but it does not define me. Recovery is not a straight path. It's messy, it's hard. But it's possible.

The goal isn't perfection. The goal is peace. And finally, after everything, I'm starting to find it.

This fight is not about never falling.
It's about learning how to rise back up.

~ Anahita ~

IMPORTANT NOTES

- The IACAPAP webinar is open to members of IACAPAP (Individual Members and Individuals within the IACAPAP Full Member organisations and Affiliate Member organisations).

- The IACAPAP webinar will be held at different times to accommodate attendees and members from various regions. The 24th IACAPAP Lunch & Learn Webinar is scheduled to cater to the Asia Pacific region.

- This webinar will be conducted virtually via Zoom. There is no cost to attend, but registration is required in advance. Seats are limited, and it's based on a first come, first served. E-certificate of attendance will be provided to those who have attended and completed the survey at the end of the webinar. Please be advised that the survey for the webinar will be displayed in the browser ONLY after the webinar has ended.

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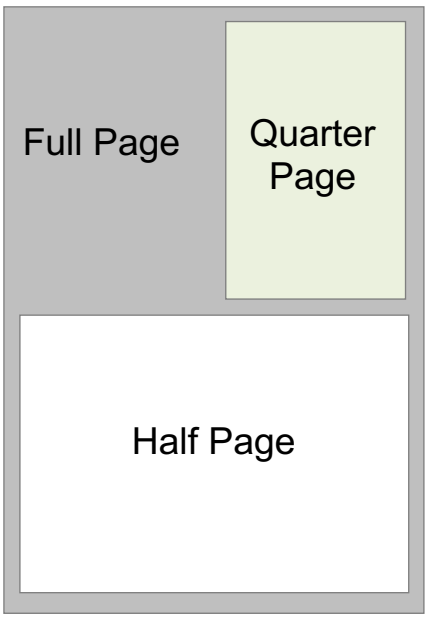

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IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

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