



**By Darcey, Taiwan, age category <6Y, My Family**

## President's Message Back to the Future!

*The year is coming to an end. My term as President has come to an end. The work which this current executive committee including the bureau, made up of the President, Secretary General, Treasurer and Immediate Past President, started is only beginning. I hope that this team has set in motion what we said we would do 4 years ago.*

Page 3

Page 9

Highlights from the 5th International Congress of Child and Adolescent Psychiatry, Ain Shams University, Egypt.

Page 13

New Leadership for the E-textbook

Page 23

9th IACAPAP Lunch & Learn Webinar



CAMPH Corner

Page 15



Find out more about Early Career Group (ECG) Program

Page 18



Find out more about IACAPAP's World Congress 2024 Rio

Page 8

# CONTENTS

Editor  
Hesham Hamoda (Boston, USA)

Deputy Editor  
Maite Ferrin (London, United Kingdom)

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

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



IACAPAP President’s Message	P3
26 <sup>th</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions	P8
Highlights from the 5th International Congress of Child and Adolescent Psychiatry, Ain Shams University, Egypt	P9
New Leadership for the E-textbook	P13
CAPMH Corner	P15
Sun Life Chair in Youth Mental Health. Dalhousie University, Faculty of Medicine	P22
9 <sup>th</sup> IACAPAP Lunch & Learn Webinar	P23
20th International Congress of European Society for Child and Adolescent Psychiatry	P24
IACAPAP Bulletin Advertising Opportunities	P25

## President's Message Dec 2022: Back to the Future!

By: Dr Daniel Fung, IACAPAP President, CEO, Institute of Mental Health Singapore, Adjunct Associate Professor, Lee Kong Chian Medical School, Nanyang Technological University

The year is coming to an end. My term as President has come to an end. The work which this current executive committee including the bureau, made up of the President, Secretary General, Treasurer and Immediate Past President, started is only beginning. I hope that this team has set in motion what we said we would do 4 years ago. So, in this final message for the bulletin, let me do 3 things, recap what we have planned, lay out what we have accomplished, and prepare you with a glimpse of the future.

In March 2019, I shared my first President's message ([click here](#)) in which we started the term of the team with a retreat and a survey after which, we said there were 3 areas to focus on in this next four years:

- 1) Developing a communication strategy that will connect our members
- 2) Create an administrative framework for our global work including the hiring of professional staff
- 3) Achieve a financially sustainable model to carry out our mission

I must say that on reflection, these were lofty yet achievable aims and I am also glad to say that we have accomplished them all, albeit somewhat painfully over these last 4 years.



*Bureau Farewell Dinner*

*From left to right: Christina Schwenck, Daniel Fung, Bruno Falissard, Sue Wong & Petrus de Vries.*

## Communication strategy

Our usual means of communications through our website and regular bulletins and emails were put to the test with the global pandemic. What we have developed over the last 10 years had prepared us for the lack of face-to-face presence well. We continued to meet online using video conferencing capabilities and a very active communications team led by our New Director of Communications, [Hesham Hamoda](#). In 2018, I was enthused to be leading IACAPAP and hoping to invite the world to share our celebrations of 50 years of child psychiatry in Singapore. Alas, we had to do it virtually in IACAPAP's first and hopefully last fully virtual congress but it was a major success in that we managed to pull 1567 participants from 85 countries and balanced our books without denting our finances. We have partnered a global news agency to advocate our cause internationally. We launched a World Infant Child and Adolescent Mental Health Day on 23 April 2021 along with 3 other international organisations; World Association of Infant Mental Health, WPA Section of Child and Adolescent Psychiatry and the International Society for Adolescent Psychiatry and Psychology. Our website continues to be the focal point of our activities and we have developed a new individual membership programme including quarterly activities called lunch and learn. We reached the end of an era with Joseph M Rey retiring from

managing the IACAPAP e-Textbook but entrusting a new version 2.0 with a brand-new team of joint editors. I think that the regular meetings, bulletins and knowledge transfer through the textbook continues to be the backbone of our communications, which can only get better and stronger.



*IACAPAP E-Textbook Editors-in-Chief  
From left to right: John-Joe Dawson-Squibb, Hee Jeong Yoo, Valsamma Eapen & Uttara Chari.*

**MediaOutReach**  
媒体拓展 Newswire

*IACAPAP's Official New Wire Partner*

## Administration

We were clear that there is much to administer in IACAPAP which meant that we had to connect the dots from the many activities and initiatives that we had embarked on. It was somewhat opportune that we managed to get the services of Ms Sue Wong, with her more than 10 years of experience in working at an international Professional Conference Organiser (PCO) to join us, initially as a part-timer but then became a full time staff of IACAPAP. She has singlehandedly met many of the

processes we needed to do in running a global organisation, from registrations to banking and co-ordinating with members and partners, Sue was there, operating remotely in Malaysia while the Bureau (and the EXCO) operated across the world and the various time zones. Sue has been a godsend in helping us to connect, co-create and consolidate the mission of IACAPAP. Today, we have established our virtual offices in Switzerland including legal and banking needs along with a new WHO Liaison recommended by the Swiss Society. A new membership portal has also been launched ([Member Site](#)) and allows us to automate many of the tasks which we had to do manually in the past.



IACAPAP's WHO Liaison  
Susanne Watliza



IACAPAP's Pro Bono Lawyer  
Julie Wynne, MLL  
Meyrlustenberger Lachenal  
Froriep Ltd.

### Financial model

This last area is perhaps the most challenging for IACAPAP. I am sure our Treasurer, Petrus will attest to this. What I can say is that we have finally moved our bank from the United States of America to a local bank in Switzerland where we are registered and have been able to use that as a base for our financial transactions. Some work still needs to be done for international banking with regards to accepting payments from the world over and our

Swiss PayPal account is unable to do this. Previously, our main source of income was from the World Congress which is one of the reasons why we made it every two years since 2004. However, this was not sustainable for the growth we are looking at. Memberships dues were not updated for a long while and has been an income source that we did not really explore until now. We have revamped our membership system to make the dues fairer in terms of the size of associations as well as their locations. Members from low and medium income countries may pay very low fees for membership and we have created a new category of individual membership that has the same rules as full members but allow for countries and regions who do not have large number of members to join.

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

IACAPAP Membership Fee Table | Full & Affiliate Member Organisations

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

IACAPAP Membership Fee Table | Individual Member

## What is the future going to be like?

I believe that information and knowledge flow will become more interactive. Instead of static information, it will become live and dynamic, as social media has overtaken mainstream media in making information instantaneous. This will transform the way we as professionals work and learn. And IACAPAP will be on the crest of this sea change with our strong foundations in using IT.

There will be challenges administering a global organisation because of the many rules and regulations across the world. But because we are on the Internet, these traditional boundaries may be circumvented, allowing us to share our combined knowledge and expertise without the barriers of clinical protectionism. With Sue as an administrator 300 kilometres from where I as President operated, we have demonstrated the value of remote teams and this can only grow in the future. I foresee a time where IACAPAP has administrative support across the globe but managing to link virtually in the metaverse.

Finally, I believe that the future for IACAPAP will be sustained by both organisational membership but also individual membership. I see IACAPAP serving the interests of professional groups in representing them on the world stage such as WHO and UNICEF. In fact, we have officially appointed [Susanne Walitza](#) to a new position on the executive committee to be liaison to WHO on this basis. For individual members, their membership will eventually form the strong base for advocacy and training of a united global workforce that champions the mental health of children and adolescents. The IACAPAP world congress will continue to be a focal point for the sharing of knowledge, experience and research but may not serve as the main revenue generating machine. That may be replaced by a global fundraising effort to sustain the work of IACAPAP.

So, I leave you with the wise words of Matshona Dhliwayo; "Be wise enough to learn from the past, shrewd enough to capitalize on the present, and clever enough to prepare for the future."

-----



## IACAPAP's Executive Committee (2022 - 2026)

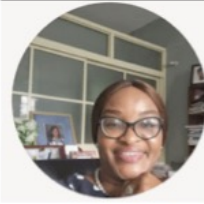
### BUREAU



Luis Rhode



Carmen Schröder



Yewande Oshodi



Daniel Fung

### VICE PRESIDENTS



Ammar Albanna



Devashish Konar



Gordon Harper



Guilherme  
Polanczyk



Liu Jing



James Koroma



Maite Ferrin



Nick Kowalenko



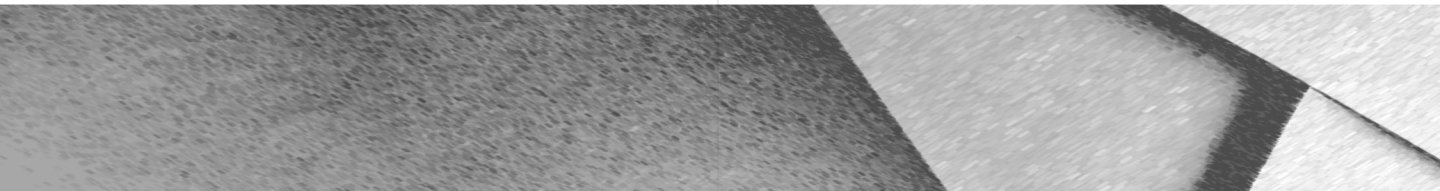
Yukiko Kano



# IACAPAP 2024

Rio de Janeiro, Brazil  
May 20-24, 2024

Child development, mental health  
challenges and the future of nations



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





# Highlights from the 5th International Congress of Child and Adolescent Psychiatry, Ain Shams University, Egypt

By: Dina Aly El-Gabry, Associate Professor of Psychiatry, Okasha Institute Of Psychiatry, Ain Shams University.

The 17th International Congress of Psychiatry and the 5th International Congress of Child and Adolescent Psychiatry, Ain Shams University was held the Intercontinental Hotel City Stars, Cairo, Egypt between 13th and 15th of September 2022, focusing on the theme “Reality and Myth in Psychopharmacology & Psychotherapy”. The conference was preceded by the opening ceremony of the renovation of the Okasha Institute of Psychiatry, a WPA and WHO collaborative centre, is one of the oldest and most eminent educational and research centres for psychiatry in Africa and the Middle East. The institute was first opened in 1990 and was renovated to keep on track with the most recent advancements in psychiatry. An enlightening plenary lecture about the medicalization of normality was given by the renowned Professor Ahmed Okasha, former President of the WPA and founder of the institute.

The conference was honoured to host a group of distinguished speakers from all over the world, including Professor Daniel Fung, President of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), who gave a mesmerising plenary lecture on the pathway from “Pathogenesis to

Salutogenesis”. His talk clarified the concept of Salutogenesis in preventing mental illness and promoting mental health in young children. He also discussed the challenges of developing a mental health research ecosystem and deeply explored how such new concepts and ideology will enhance practice and policy in inadequately resourced areas of research.



*Prof. Daniel Fung and his plenary lecture “The pathway from “Pathogenesis to Salutogenesis”*

The keynote lecture was given by Professor Norbert Shokauskas, Head of the Child and Adolescent section of the WPA, who presented an important lecture on how to enhance Child and Adolescent services and clarified the wide gap between digital health

resources, policies and their implementation. His talk on how to implement children services in low- and middle-income countries and how the international community could provide help in this regard was received with a lot of enthusiasm from the audience.



*Keynote lecture by Prof Norbert Shokauskas, the Head of the Child and Adolescent Section of the WPA.*

Other important topics including the pros and cons of digital mental health services in Child and Adolescent Psychiatry, and the impact of parental conflicts, unstructured families, and the high rates of divorce on the mental health of children in Egypt were also discussed in the conference.

The conference also had very interesting educational workshops, which offered a wide range of subjects that are important to both mental health professionals and parents alike, such as a comprehensive overview in understanding Dyslexia, how to reframe the thinking of parents of children with an Autism Spectrum Disorder, and workshops related to eating and sexual disorders.

A special invitation was extended to Prof Daniel Fung and Prof Norbert Shokauskas to visit the Egyptian General Secretariat of Mental Health and Addiction Treatment (GSMHAT), a governmental body dedicated to the provision of mental health services and drug dependence treatment and rehabilitation. Its scope includes inpatient psychiatric hospitals, outpatient mental health care centres and primary health care services. The GSMHAT supervises a total of 18 governmental mental health hospitals in Egypt. Soon after Professors Fung and Shokauskas visited the outpatient Child and Adolescent service at Abbasiya Hospital, the headquarters of the GSMHAT, where they had the chance to meet with several Child and Adolescent Psychiatrists and Occupational Therapists to get a more comprehensive understanding of the scope of services provided.



*Visit to the GSMHAT and its Secretary General Prof Menan Abdel Maksoud.*

Their next visit included a guided tour of the Ain Shams University, with a number of recent renovations, including an increased bed capacity to 72 inpatient



Prof Ahmed Okasha greeting Prof Norbert in presence of Prof Tarek Okasha, Prof Maha Sayed and Dr Dina El Gabry.



Gala dinner hosted by Prof Afaf Hamed (Director of the Conference) and on stage the Choir of Ain Shams University.



Visiting Okasha Institute of Psychiatry with Dr. Dina El Gabry.

beds in six wards, a new isolation ward for patients with addiction, three large lecture theatres, and five new beds for Psychiatric Intensive Care Unit (PICU), including one bed for female patients.

Prof Fung and Prof Shokauskas then met with the Head of the International Affairs and the Head of Telemedicine services at the Faculty of Medicine at Ain Shams University. Prof Fung discussed how to improve and formally legalize the digital mental health services, especially as Ain Shams University has helped pioneer telemedicine in Africa and the Arab world. They also discussed how to enhance and improve educational and clinical services that Ain Shams offers to other collaborating countries, such as Nigeria, Somalia, Yemen and Ghana.

At the end of the day, Prof Fung and Prof Shokauskas joined the conference President and current Head of Okasha Institute of Psychiatry, Prof Maha Sayed and other members of the Egyptian

Child and Adolescent Psychiatry Association (ECAPA). The meeting discussed a collaborative agenda on how improve the channels for research and Child and Adolescent Psychiatry services in middle- and low-income countries, with a special emphasis on the importance of promoting early career among Child and Adolescent young psychiatrists.

Finally, under the lively atmosphere of the Cairo night at the Intercontinental Hotel, a gala dinner was hosted by the conference director Prof Afaf Hamed, where the singing choir from Ain Shams University displayed an entertaining repertoire of Egyptian culture and music.



Prof Daniel Fung and Prof Norbert Shokauskas with Prof Maha sayed (President of the Conference and the Head of Neuropsychiatry Department and the Director of Okasha Institute of Psychiatry) and Prof Suaad Moussa (President of ECAPA) and a group of Egyptian child and Adolescent psychiatry professors.

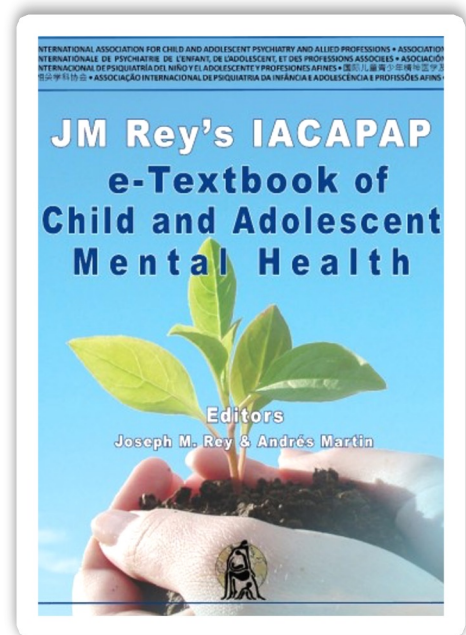
## New Leadership for the E-textbook

By: John-Joe Dawson-Squibb, Clinical Psychologist, Division of Child and Adolescent Psychiatry, Red Cross Children's Hospital, Department of Psychiatry and Mental Health, University of Cape Town, South Africa

As many readers will know, the JM Rey IACAPAP textbook has been a flagship for the organisation. Regularly accessed by thousands around the world, it is widely lauded for making freely available high-quality content, standing out in comparison to other resources. As described by the Journal of the American Academy of Child & Adolescent Psychiatry, it is, 'a work that rivals standard textbooks in scope; takes full advantage of its online format to include an array of colour pictures, graphics, and video links; and gives voice to a medley of specialists, patients, and commentators from Amsterdam to Ankara, Beijing to Berlin'. Australasian Psychiatry further describes the scholarly nature of each chapter as, 'clinically oriented and of immense relevance to the practice of child and adolescent mental health'.

It's value to the field of child and adolescent psychiatry is indeed immense and great credit must go to JM Rey for his tireless and conscientious work over many years. Fellow editor Andres Martin, along with the editorial advisory board and associate editors also deserve recognition for their part in producing a book held in such global esteem.

As JM Rey has taken the decision to step down in his role, the IACAPAP Executive



Committee chose four Co-Chief Editors to lead the project and continue the tradition of the book. Valsamma Eapen, is Professor and Chair of infant, child and adolescent psychiatry at the University of New South Wales, in Sydney Australia. She is also a fellow of the Royal Australian and New Zealand College of Psychiatrists and the Royal College of Psychiatrists UK. Born in India, and having worked in the UK, United Arab Emirates, and now Australia, she brings a wealth of international experience. Uttara Chari, is Assistant Professor of clinical psychology at St. John's National Academy of Health Sciences in Bangalore, India. Fluent in



E-textbook Editors-  
in-Chief  
John-Joe Dawson-  
Squibb



E-textbook Editors-  
in-Chief  
Hee Jeong Yoo



E-textbook Editors-  
in-Chief  
Valsamma Eapen



E-textbook Editors-  
in-Chief  
Uttara Chari

several languages and with a wide range of interests and experience in child and adolescent mental health care; her prior contribution to developing content for the e-textbook is of value to the team's efforts. Hee Jeong Yoo, is a Professor of Psychiatry at the Seoul National

University College of Medicine, in South Korea. Widely cited and with a reputation as a prolific academic author, teacher and clinician she brings a strong weight and credibility. Finally, John-Joe Dawson-Squibb is an Associate Professor in the Division of Child and Adolescent Psychiatry, at the Red Cross Children Hospital in Cape Town, South Africa. Also working as both a clinician and researcher, his emphasis on implementation of interventions in low resource settings will add to the global relevance and clinical focus. These four chief editors will soon be assisted by an editorial team comprising child and adolescent mental health professionals from across the globe.

The editors are currently in the process of reviewing the textbook, ensuring that it continues to be a credible and comprehensive resource in child and adolescent mental health for a global audience. Specifically, towards optimizing accessibility and availability of updated content, priorities include moving to a digital, easily editable and sustainable platform that will be attractive to the next generation of trainees and clinicians. There is great enthusiasm for the project and the editorial team would be delighted to hear any suggestions or ideas that could strengthen this e-textbook 2.0.

-----

## CAPMH Corner

By: Lakshmi Sravanti, India  
Associate Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the December 2022 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - A national prevalence and profile of single and multiple developmental delays among children aged from 1 year up to 12 years: an Egyptian community-based study (Metwally et al., 2022), Depression and suicidal behavior among adolescents living with HIV in Botswana: a cross-sectional study (Olashore et al., 2022) and Cognitive-behavioral teletherapy for children and adolescents with mental disorders and their families during the COVID-19 pandemic: a survey on acceptance and satisfaction (Meininger et al., 2022).

Research | [Open Access](#) | [Published: 05 August 2022](#)

### A national prevalence and profile of single and multiple developmental delays among children aged from 1 year up to 12 years: an Egyptian community-based study

[Ammal M. Metwally](#) ✉, [Ali M. Abdallah](#), [Ebtissam M. Salah El-Din](#), [Zeinab Khadr](#), [Ehab R. Abdel Raouf](#), [Nahed A. Elghareeb](#), [Rehan M. Saleh](#), [Manal H. Abuelela](#), [Hala A. Amer](#), [Hasanin M. Hasanin](#), [Mohamed A. Abdel Mawla](#), [Sara F. Sallam](#), [Inas R. El-Alameey](#), [Samia M. Sami](#), [Ghada A. Abdel-Latif](#), [Mohamed Abdelrahman](#) & [Manal A. Shehata](#)

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 63 (2022) | [Cite this article](#)

**1055** Accesses | **1** Altmetric | [Metrics](#)

Metwally et al., (2022) briefly allude to the adverse consequences of childhood developmental delays (DDs) and build a context to establish the need for estimating their prevalence in the Egyptian context. They conduct a national community-based cross-sectional survey in eight governorates representing all geographic regions of Egypt over a period of 24-months.

The team recruits parents or caregivers of all children aged 12 months to 12 years

by surveying 22,026 houses from 45 blocks (1 or 2 blocks per selected city and 1 or 2 villages per local rural unit). However, they exclude children with known or previously diagnosed developmental disabilities. They carry out face-to-face interviews with caregivers to gather relevant socio-demographic data and the birth history of their children. On the basic premise that adaptive behaviour may constitute the fundamental developmental outcome, they choose the Arabic version of

the Vineland Adaptive Behavior Scales, (VABS) [Alotibi, 2004] as a screening measure. They train 64 social workers to use the questionnaire, who pilot it on 80 participants to validate the items of the questionnaire. The team surveys 41,640 children out of whom they refer 3193 children to the health centers of the Ministry of Health and Population (MOHP). On referral, 2778 children (87% of those referred) receive a diagnosis of developmental delay. They use odds ratios (OR), 95% confidence intervals (CI) and logistic regression analysis to analyse their data.

The authors report an overall prevalence of 6.7% of developmental delays (3.9% of a single DD and 2.8% of multiple DDs) in children. They report the highest prevalence of one delay in children aged 6-12 years and that of two and more delays in children aged 3-6 years. They identify that boys are one and three-quarters more likely than girls to be diagnosed with any developmental delays and that children from urban localities have higher odds of DDs than those from rural areas. They record communication deficit as the most prevalent type (5.3%) of DD, report deficits in daily life skills (self-help and adaptive behaviour) in 2.3% of children, fine motor delay in 1.0% of children, gross motor delay, and socialization deficit in 1.5% of children each. They observe that children living without mothers and/or fathers in homes are associated with increased odds of having DDs by one and a half times (OR = 1.72 and OR = 1.34 respectively). They identify predictors of developmental delays using the multiple logistic regression analysis viz. convulsions after birth (OR = 3.10), low birth weight babies (OR = 1.94), male sex (OR =

1.75), mothers having health problems during pregnancy (OR = 1.70), difficult labour (OR = 1.55), and belonging to middle socioeconomic status (OR = 1.41). While other perinatal factors such as maternal health problems, neonatal cyanosis, and newborn kept in an incubator for more than two days, increase the risk of DDs by almost one and half times, higher paternal and maternal education decreases the odds of having any DDs by 40% (OR = 0.60 and OR = 0.58 respectively).


The authors highlight that this study is the first to estimate the national prevalence of developmental delays derived from community-based data and that the team has used a reliable and sensitive assessment tool. They also mention that they did not study the environmental and nutritional factors contributing to developmental delays. They recommend developmental screening in all primary care settings as a routine practice to promote early detection and intervention in suspected cases of delayed development.

-----



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

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

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



Research Article | [Open Access](#) | [Published: 29 July 2022](#)

# Depression and suicidal behavior among adolescents living with HIV in Botswana: a cross-sectional study

[Anthony A. Olashore](#) , [Saeeda Paruk](#), [Ontibile Tshume](#) & [Bonginkosi Chiliza](#)

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 62 (2022) | [Cite this article](#)

**1456** Accesses | **2** Citations | **1** Altmetric | [Metrics](#)

Olashore et al., (2022) highlight the disease burden of depression in adolescents and the need to study depression and suicidal behaviour in adolescents living with HIV (ALWHIV) in Botswana which ranks among the top four countries most affected by HIV. They further elaborate that ALWHIV constitute a third of the source of new infections in Botswana and that there was a spike in depression and suicidal behaviour in young people from this region.

The team recruits a total of 622 adolescents aged 12-19 both English- and Setswana-speakers from Botswana Baylor children's clinical center of excellence (BBCCCE) located in Gaborone (the capital city of Botswana), and the regional HIV care clinics in Mahalapye and Lobatse by convenience sampling in their cross-sectional study. They train five research assistants (psychology graduates) to administer and score the instruments viz. DSM-5 criteria for alcohol use disorder, and the Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID) modules on depression and suicidal behavior are used. They collect relevant sociodemographic (age, ethnicity, religious participation, parents'

material status, level of education and occupation) and clinical (viral load, frequency of clinic attendance, and feelings about HIV status) data. They use mean and percentages to present their data and binary logistic regression model to explore the predictors of depression and suicidal behaviour in ALWHIV. The principal investigator, who is a psychiatrist, manages the participants identified as having clinical depression or suicidal ideation and refers those requiring further treatment, especially inpatient care appropriately without breaching confidentiality.

The team reports the following findings - 54.3% (n=338) males, the mean age (SD) of the participants as 17.7 (1.60) years, 60 (9.7%) have poor clinic attendance, about a quarter (26.1%) of the participants have poor viral suppression, as indicated by a viral load of 400 copies and above, which is the Botswana cut-off, one-third (n = 174, 33.8%) report feeling bad about their HIV status, and 17% report having drinking problems or AUD, 147 (23.6%) meet the criteria for a current depressive episode, prevalence of suicidal behavior (in the past one month) is 117 (18.8%), of which 33 (5.3%) have a severe risk of committing suicide.

Female participants are almost two times more likely to be depressed (AOR = 1.96; 95% CI 1.11-3.45) and to have suicidal behavior (AOR = 6.60; 95% CI 3.19-13.7) than their male counterparts. Loss of mother (AOR = 2.87; 95% CI 1.08-7.62) and having a viral load of 400 copies and above (AOR = 5.01; 95% CI 2.86-8.78) are significantly associated with depression. They observe that perceived good support from the healthcare providers, family, relatives, or friends is protective against depression, and frequent or regular participation in religious activities is protective against suicidal behaviour.

The authors acknowledge the strengths (the first study to establish the prevalence of depression and suicidal

behavior using a rigorous diagnostic tool in the ALWHIV in Botswana) and limitations (data collected during the COVID-19 pandemic, which may have affected the clinic attendance). They highlight that although the findings may not be generalizable to rural settings of Botswana, the sample was drawn from the largest center, which serves over 60% of the ALWHIV in the country. They recommend routine psychologic screening (identifying disorders, psychological stressors, and maladaptive coping) as part of the management package for ALWHIV in Botswana and implementation of integrated HIV care programs such as adolescent-friendly services, family and caregiver support services, and psychosocial support platforms.

-----

**EARLY CAREER GROUP (ECG)  
PROGRAM**

**About Us**  
Aims to boost professional/educational growth and collaboration among young IACAPAP members.

**Become a ECG Member  
Apply Now**

For More Information :  
<https://iacapap.org/programmes/early-career-group.html>



Research | [Open Access](#) | [Published: 28 July 2022](#)

# Cognitive-behavioral teletherapy for children and adolescents with mental disorders and their families during the COVID-19 pandemic: a survey on acceptance and satisfaction

[Lea Meininger](#), [Julia Adam](#), [Elena von Wirth](#), [Paula Viefhaus](#), [Katrin Woitecki](#), [Daniel Walter](#) & [Manfred Döpfner](#) 

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 61 (2022) | [Cite this article](#)

**1243** Accesses | **8** Altmetric | [Metrics](#)

Meininger et al., (2022) review the benefits and drawbacks of teletherapy for children and adolescents with mental health ailments and set out to evaluate the implementation, acceptance of and satisfaction with teletherapy in a large sample of patients (children and adolescents) of the outpatient unit for cognitive behavioral therapy at the School for Child and Adolescent Cognitive Behavior Therapy (AKiP).

The team invites therapists and parents of all patients treated (face-to-face or teletherapy) at the outpatient unit of AKiP in the first quarter of 2020 (N = 878) to participate in their survey on the impact of the COVID-19 pandemic on the patient' wellbeing and treatment. They develop a questionnaire to assess the implementation of and satisfaction with teletherapy for the purpose of this study that contains 15 items in the therapist version (T) and 11 in the parent version (P). They administer the parent version (14 items) and an analogously developed therapist version (six items) of Corona Child Stress Scale (CCSS) (Nikolaidis et a., 2021), besides the questionnaire to assess the implementation of and satisfaction with teletherapy. The team sends out these

questionnaires by email to therapists and by email or post to parents. German versions of Child Behavior Checklist (CBCL/6-18R), Youth Self Report (YSR/11-18R) [Döpfner et al., 2014], German Symptom Checklist for Screening Behavioral and Emotional Problems (FBB-SCREEN and SBB-SCREEN; [Döpfner et al., 2017] are routinely collected at AKiP as part of the standard intake assessment. They descriptively analyze the study questionnaire and use Wilcoxon test, Pearson correlations, Spearman's rank correlation for additional analysis.

A total of 643 patients (73%) provide consent and are included in the analyses. Both therapist- and parent- ratings are available for 145 patients. The age range of patients is 3-20 years. They report relatively more male patients (56% males), a clinical diagnosis of an externalizing disorder in approximately 33% and an internalizing disorder in about 40% of the patients. They note that 180 patients (28% of the total sample) did not participate in teletherapy. Therapists cite: (1) the therapy had just started or was paused or terminated (32%), (2) lack of parental or patient consent (29%), (3) technical conditions

not met (19%), and (4) teletherapy contraindicated (18%) as the reasons for not switching to teletherapy.

In most cases, the therapists rate that patients' (72%) and caregivers' (77%) satisfaction did not change due to the switch to teletherapy. As per parent-ratings, in most cases they did not observe any change in parents' treatment satisfaction (77%) or child's satisfaction (65%) following the switch to teletherapy. A third of parents report that they did not intend to use teletherapy in the future. However, parents report a significantly higher intention to use teletherapy in the future than do therapists overall. The authors note that the correlations between treatment satisfaction and child psychopathology are low; therapist satisfaction with teletherapy is higher for patients with higher psychosocial functioning and for those with lower therapist-rated stress due to the COVID-19 pandemic. The number of teletherapy sessions correlates positively with therapist-rated satisfaction and parent-rated treatment satisfaction. They do not observe significant correlations between parent-rated treatment satisfaction and the severity of patients' symptoms, stress, or psychosocial functioning.

The authors acknowledge and suggest future studies to address the limitations of their current study, including the lack of assessment of patients' self-ratings, and the need to explore more factors influencing satisfaction with teletherapy and to consider the time of treatment and assessments prior to switching to teletherapy; the possibility of using qualitative and mixed-methods approaches to study multiple preferences; and to examine the

therapeutic relationship in patients who have not previously met their therapists in face-to-face sessions. Overall, they indicate that the challenges of the switch to teletherapy in the context of the pandemic are manageable and that a continuation of psychotherapeutic care is possible in times of crisis for most patients. They see an opportunity to expand this mode of intervention and improve therapeutic care in the long term.

-----

## REFERENCES:

1. Gilsbach, S., Plana, M.T., Alotibi, B. The Vineland Adaptive Behavior Scales – the Saudi version. *Arabian J Special Educ.* 2004;5:e54.
2. Döpfner M, Plück J, Kinnen C. *Manual deutsche Schulalter-Formen der Child Behavior Checklist von Thomas M. Achenbach.* Göttingen: Hogrefe; 2014.
3. Döpfner M, Görtz-Dorten A. *DISYPS-III–Diagnostik-System für psychische Störungen nach ICD-10 und DSM-5 für Kinder und Jugendliche–III.* Bern: Hogrefe; 2017.
4. Meininger, L., Adam, J., von Wirth, E. et al. Cognitive-behavioral teletherapy for children and adolescents with mental disorders and their families during the COVID-19 pandemic: a survey on acceptance and satisfaction. *Child Adolesc Psychiatry Ment Health* 16, 61 (2022). <https://doi.org/10.1186/s13034-022-00494-7>

4. Metwally, A.M., Abdallah, A.M., Salah El-Din, E.M. et al. A national prevalence and profile of single and multiple developmental delays among children aged from 1 year up to 12 years: an Egyptian community-based study. *Child Adolesc Psychiatry Ment Health* 16, 63 (2022). <https://doi.org/10.1186/s13034-022-00498-3>
  5. Nikolaidis A, Paksarian D, Alexander L, Derosa J, Dunn J, Nielson DM, et al. The Coronavirus Health and Impact Survey (CRISIS) reveals reproducible correlates of pandemic-related mood states across the Atlantic. *Sci Rep.* 2021;11:8139.
  6. Olashore, A.A., Paruk, S., Tshume, O. et al. Depression and suicidal behavior among adolescents living with HIV in Botswana: a cross-sectional study. *Child Adolesc Psychiatry Ment Health* 16, 62 (2022). <https://doi.org/10.1186/s13034-022-00492-9>
- 



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

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



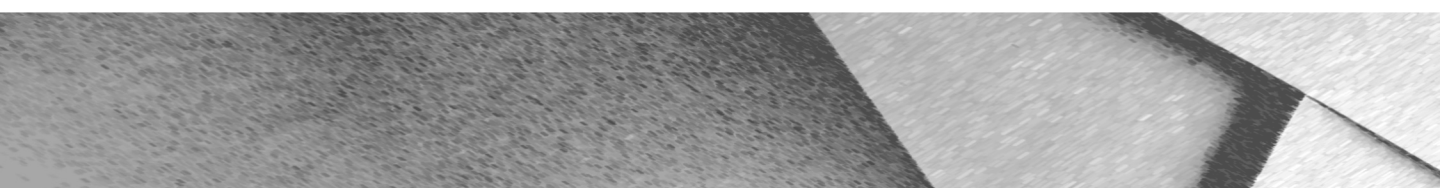
## Sun Life Chair in Youth Mental Health Dalhousie University, Faculty of Medicine

**Position:** Sun Life Chair in Youth Mental Health, Dalhousie University, Faculty of Medicine

**Location:** Department of Psychiatry, Dalhousie University, and IWK Health, Halifax, NS

We wish to attract a talented and energetic leader (MD and/or PhD) with an excellent, established record of research accomplishments related to youth mental health. The successful applicant will demonstrate the ability to develop and direct an internationally recognized research program in mental illness/mental health, emphasizing the potential for translation and application to clinical practice. Applicants shall be collaborative and committed to the development of a strategy for youth mental health research, clinical practices and community outreach in the region and beyond. A demonstrated ability to attract external funding and sustain a strong research program is essential.

Review of applications will begin **December 31, 2022** and continue until the position is filled. For more information about this opportunity, visit the link below. All applications are to be submitted via PeopleAdmin at <https://dal.peopleadmin.ca/postings/11601>



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



## 9TH IACAPAP LUNCH & LEARN WEBINAR

### TOPIC

# Familial high risk for schizophrenia and bipolar disorder: how does it affect the children and the families and what can we do?



#### Speaker

Anne Amalie Elgaard Thorup

Clinical Professor  
Department of Clinical Medicine  
University of Copenhagen  
Child and Adolescent Mental Health Center  
Capital Region of Denmark



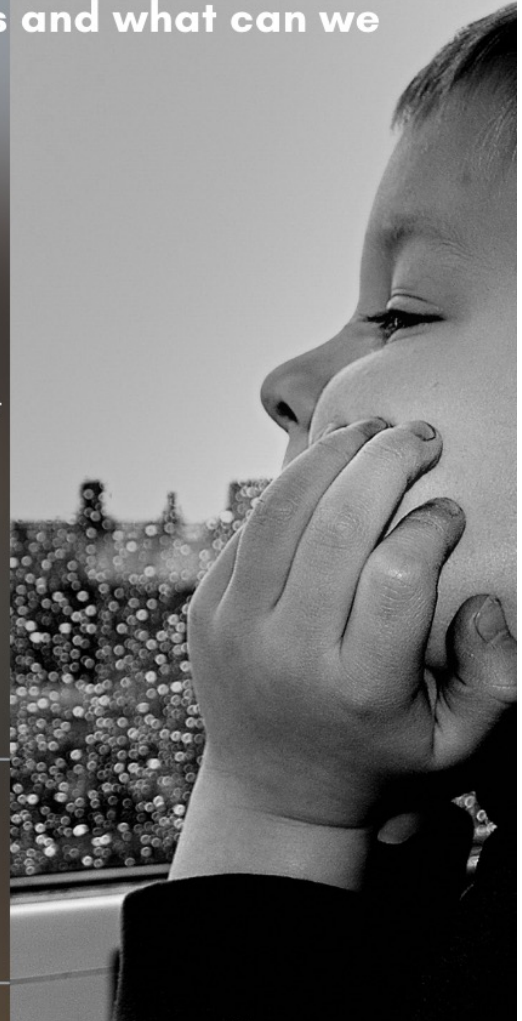
#### Host

Petrus J de Vries

Sue Struengmann Professor of Child & Adolescent Psychiatry

**Thursday, 26 Jan 2023**

12.00 PM - 12.45 PM CET (Central European Time) |  
6.00 AM - 6.45 AM EST (Eastern Standard Time) |  
7.00 PM - 7.45 PM (GMT +8)



**The webinar is open for members of IACAPAP only** (Individual Members and Individuals within IACAPAP [Full Member organisation](#) and [Affiliate Member organisation](#) are a member of IACAPAP).

For more information, please click [here](#)

[To register](#)



20th International Congress of the European Society for Child and Adolescent Psychiatry.  
**29 JUNE - 1 JULY, 2023, COPENHAGEN**  
Next Generation Europe – a balancing act between clinical, research and political demands

**Come and join us in Copenhagen at the ESCAP 2023 congress!**  
**Submit your abstract now! Deadline 11 January 2023.**

[www.escap2023.eu](http://www.escap2023.eu)

The congress is a platform for:

- latest research results
- newest evidence-based treatments
- new and creative initiatives for cooperation with families, patient organizations, and other sectors

**\* EACCME® accreditation has been applied for \* Registration is now open \***

The congress is open for all specialties and trainees with an interest in mental health of children and adolescents.

**Our confirmed Keynote Speakers:**



**Anita Thapar**

Genetics and phenotypical associations



**Anne Amalie Elgaard Thorup**

The Danish High Risk and Resilience Studies: VIA 7 - VIA 15



**Christoph Corell**

Pharmacologic Treatment and Research in Youth with Severe Mental Illness in Europe: Current Status and Next Steps



**Henning Tiemeier**

Birth cohorts and child psychiatric epidemiology: some milestones and many challenges



**Ruth Feldman**

Attachment and resilience



**Tamsin Ford**

Mental health interventions in schools and preventative measures in general



# ADVERTISING OPPORTUNITIES!

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

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

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

Print Ad Specifications

Full page 8.5”w x 11”h

1/2 page 7.25”w x 5”h

1/4 page 3.5”w x 5”h

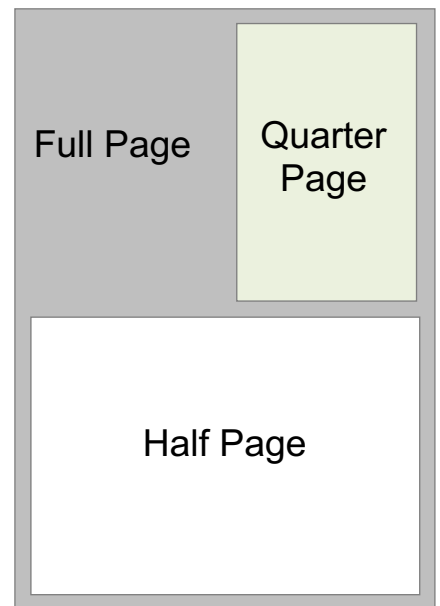
Conditions Advertising space is limited, and ads will be accepted on a first-come, first-served basis. The IACAPAP has the right to refuse or approve all ads. No ads will run until payment has been received. A late payment charge is assessed on unpaid balances. The late payment fee is 1.5% of the unpaid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


Please note: Commissions for advertising agencies are not included.

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

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

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





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

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

For more information please contact:

Hesham Hamoda

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

Maite Ferrin

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



# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

# IACAPAP Member Organisations

## Full Members

Algerian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

American Academy of Child and Adolescent Psychiatry (AACAP)

Associação Brasileira de Neurologia, Psiquiatria Infantil e Profissões Afins (ABENEPI)

Asociación Argentina de Psiquiatría Infanto Juvenil y Profesiones Afines (AAPI)

Asociación de Psiquiatría y Psicopatología de la Infancia y la Adolescencia (APPIA)

Asociación Mexicana de Psiquiatría Infantil A.C. (AMPI)

Association for Child and Adolescent Mental Health (ACAMH)

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

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

Association for Child and Adolescent Psychiatry in Bosnia and Herzegovina

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

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

Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

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

Canadian Academy of Child and Adolescent Psychiatry (CACAP)

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

Chinese Society of Child and Adolescent Psychiatry (CSCAP)

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

Egyptian Child and Adolescent Psychiatry Association (ECAPA)

Emirates Society for Child Mental Health (ESCAM)

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

Finnish Society for Child and Adolescent Psychiatry (LPSY)

Flemish Association of Child and Adolescent Psychiatry | Vlaamse Vereniging Kinder- en Jeugdpsychiatrie (VVK)

French Society of Child and Adolescent Psychiatry and Allied Professions | Société Française de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées (SFPEADA)

French-Speaking Child and Adolescent Psychiatry Belgian Society (SBFPDEA)

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

Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF)

Hungarian Association of Child and Adolescent Psychiatry and Allied Professions (HACAPAP)

Icelandic Association for Child and Adolescent Psychiatry

Indian Association for Child and Adolescent Mental Health (IACAM)

Indonesian Association of Child and Adolescent Mental Health (PERKESWARI)

Iranian Association of Child and Adolescent Psychiatry (IACAP)

Italian Society of Child and Adolescent NeuroPsychiatry | Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)

Korean Academy of Child and Adolescent Psychiatry (KACAP)

Lithuanian Society of Child and Adolescent Psychiatry (LVPPD)

Malaysian Child and Adolescent Psychiatry Association (MYCAPS)

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

Philippines Society for Child and Adolescent Psychiatry (PSCAP)

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

Posikiater per Femije dhe Adoleshent | Kosovo Child Adolescent Mental Health Association (KCHAMHA)

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

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

# IACAPAP Member Organisations

## Full Members Continued...

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

Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association

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

Slovenian Association for Child and Adolescent Psychiatry (ZOMP)

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

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

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

Spanish Society of Child and Adolescent Psychiatry and Psychotherapy | Sociedad Espanola de Psiquiatria y Psicoterapia del Nino y del Adolescente (SEYPNA)

Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP)

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

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

The Hellenic Society of Child and Adolescent Psychiatry (HSCAP)

The Hong Kong College of Psychiatrist

The Israel Child and Adolescent Psychiatric Association

The Japanese Society of Child and Adolescent Psychiatry (JSCAP)

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

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

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Turkish Association of Child and Adolescent Psychiatry (TACAP)

## Affiliated Members

African Association Child & Adolescent Mental Health (AACAMH)

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

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

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

European Federation for Psychiatric Trainees (EFPT)

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

First Step Together Association for special education (FISTA)

# IACAPAP Officers (2018-2022)

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

## MEMBER OF THE BUREAU

### President

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

### Secretary General

Christina Schwenck PhD  
 Professor for Special Needs  
 Educational and Clinical Child and Adolescent  
 Psychology  
 Justus-Liebig-University Gießen Germany  
[christina.schwenck@psychol.uni-giessen.de](mailto:christina.schwenck@psychol.uni-giessen.de)

### Treasurer

Petrus J de Vries MD  
 Sue Struengmann Professor of  
 Child & Adolescent Psychiatry Division of Child  
 & Adolescent  
 Psychiatry  
 Department of Psychiatry and  
 Mental Health  
 University of Cape Town  
 South Africa  
[petrus.devries@uct.ac.za](mailto:petrus.devries@uct.ac.za)

### Past President

Bruno Falissard MD, PhD  
 Professor of Public Health,  
 Université Paris-Sud. Paris, France  
[bruno.falissard@gmail.com](mailto:bruno.falissard@gmail.com)

## VICE PRESIDENTS

### Vice Presidents

Andres Martin MD, MPH (USA)  
[andres.martin@yale.edu](mailto:andres.martin@yale.edu)

Bung-Nyun Kim MD, PhD (South Korea)  
[kbn1@snu.ac.kr](mailto:kbn1@snu.ac.kr)

Flora de la Barra MD (Chile)  
[torbarra@gmail.com](mailto:torbarra@gmail.com)

Hesham Hamoda MD, MPH (USA)  
[hesham.hamoda@childrens.harvard.edu](mailto:hesham.hamoda@childrens.harvard.edu)

Kaija Puura MD (Finland)  
[Kaija.Puura@tuni.fi](mailto:Kaija.Puura@tuni.fi)

Maite Ferrin MD. PhD (Spain)  
[maiteferrin@yahoo.es](mailto:maiteferrin@yahoo.es)

Michal Goetz MD (Czech Republic)  
[michal.goetz@lfmotol.cuni.cz](mailto:michal.goetz@lfmotol.cuni.cz)

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

Tolulope Bella-Awusah MD (Nigeria)  
[bellatt2002@yahoo.com](mailto:bellatt2002@yahoo.com)

## HONORARY MEMBERS OF THE EXECUTIVE COMMITTEE

### Honorary Presidents

Helmut Renschmidt MD, PhD (Germany)  
[remschm@med.uni-marburg.de](mailto:remschm@med.uni-marburg.de)

Myron L. Belfer MD, MPA (USA)  
[Myron\\_Belfer@hms.harvard.edu](mailto:Myron_Belfer@hms.harvard.edu)

Connect with us!



# IACAPAP Officers (2018 - 2022)

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

## NON-ELECTED MEMBERS OF THE EXECUTIVE COMMMITEE

### Bulletin Editor

Hesham Hamoda MD, MPH (USA)

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

### Bulletin Deputy Editor

Maite Ferrin MD, PHD (Spain)

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

### Director of Communication

Hesham Hamoda MD, MPH (USA)

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

### Donald J. Cohen Fellowship Program Coordinators

Ayesha Mian MD (Pakistan)

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

Naoufel Gaddour MD (Tunisia)

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

### e-Textbook Editors-in-Chief

John-Joe Dawson-Squibb (South Africa)

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

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

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

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

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

Uttara Chari (India)

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

### Helmut Remschmidt Research Seminars Coordinators

Petrus J de Vries MD (South Africa)

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

### IACAPAP Councilors

Fusun Cetin Çuhadaroglu MD  
(Turkey)

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

Gordon Harper MD (USA)

[Gordon\\_harper@hms.harvard.edu](mailto:Gordon_harper@hms.harvard.edu)

Yi Zheng MD (China)

[yizheng@ccmu.edu.cn](mailto:yizheng@ccmu.edu.cn)

### Monograph Editor

Matthew Hodes MBBS, BSc, MSc,  
PhD, FRCPsych (United Kingdom)

[m.hodes@imperial.ac.uk](mailto:m.hodes@imperial.ac.uk)

### Monograph Co-Editor

Petrus J de Vries MD (South Africa)

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

### Presidential Fellows for Global Education

Julie Chilton (USA)

[Julie.chilton@yale.edu](mailto:Julie.chilton@yale.edu)

### Presidential Fellows for Global Fundraising

Liu Jing (China)

[ljyuch@163.com](mailto:ljyuch@163.com)

### WHO Liaison

Prof. MD. MSc. Susanne Walitza  
(Switzerland)

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

Connect with us!

