



*By Peter, Taiwan, age category <6Y, Covid-19's life*

## President's Message Wresting Peace from War

I had planned to write the next 3 messages in 2022 about the future of child and adolescent psychiatry as my time as President winds down. In political systems, it is what is termed a lame presidency in which the president no longer holds a mandate for change. But events have unfolded rather suddenly to make me think more about this.

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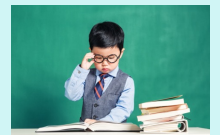
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# C O N T E N T S

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## President's Message March 2022: Wresting Peace from War

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

I had planned to write the next 3 messages in 2022 about the future of child and adolescent psychiatry as my time as President winds down. In political systems, it is what is termed a lame presidency in which the president no longer holds a mandate for change. But events have unfolded rather suddenly to make me think more about this. Even as the threat of the COVID 19 pandemic appears to be decreasing with the omicron wave subsiding, a new war has emerged in Europe. A real human war risen out of the socio-political developments in the region. Whatever the reasons for the conflict, human suffering will ensue. And the impact on infants, children and adolescents can be lifelong. This is evidenced in the science of trauma, and we and others in our field have issued numerous statements over the years that speak to this ([Declaration of Rome 2003](#), [War hits Children First ESCAP 2022](#)). We as professionals working in this space for the young know that apart from the treatment of disease, prevention is better than cure. There is no conflict that will spare the children as families and routines become displaced. And wars in this time and age will also have impact on the global scale because of the way our world is now interconnected, and our economies intertwined. This war in Ukraine can affect the livelihood of people around the world, and once again the young will suffer.



**IACAPAP President  
Dr Daniel Fung**

### **What can we do as professionals in a time such as this?**

We should advance support from a practical perspective. I understand that the victims of the conflict are fleeing to the Western regions around Ukraine such as Poland, Romania, Slovakia, Hungary and Moldova. We can offer help to the families and children in real practical ways. Providing psychiatric and psychological support to these refugees. There has also been requests for medical

supplies including psychiatric medications to medical centres within the area of conflict. We can also provide services through technological means such as telepsychiatry. Finally, we can also enhance international co-operation to these efforts through organisations such as IACAPAP, World Association of Infant Mental Health (WAIMH), International Society for Adolescent Psychiatry and Psychology (ISAPP) and (World Psychiatric Association Child and Adolescent Psychiatry Section) WPA-CAP.

Next, we should increase public awareness of the psychological impact of war on infants, children and adolescents and their families. It is our responsibility to go public and share the body of research that has shown how war and stress create trauma and effects that can be transgenerational.

Finally, we should advocate for rationality and cooperation to help communities and governments understand the importance of international relations and the sovereignty of nations so that peoples do not become misinformed through propaganda (which we now know as fake news).

### **The development of Infant, Child and Adolescent Mental Health Day**

WAIMH, IACAPAP, WPA and ISAPP recently met to discuss the importance of mental health amongst our young and how this is fast becoming a global crisis. Children and adolescents form a third of the world's population. Research has demonstrated that adverse experiences in childhood impact lifelong mental and physical health. Most mental disorders

develop in the young before the age of 25, and one-quarter of disability-adjusted life years for mental and substance use disorders occur in youths. The prevalence of mental disorders continues to rise in the young and is higher than adults. The need to improve understanding of this as well as to create awareness of its importance in families, communities and societies cannot be underestimated. We propose to initiate an Infant, Child and Adolescent Mental Health Day annually on April 23rd to bring global awareness and literacy to this issue and bring the relevant professional agencies committed to this cause together. The initial proposal is to bring together activities that will celebrate the promotion of mental health and focus on improving the treatment of mental illnesses across the world. Perhaps this will be a step towards a world in which all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society.

### **References**

- Pols H, Oak S. War & military mental health: the US psychiatric response in the 20th century. *Am J Public Health*. 2007 Dec;97(12):2132-42. doi: 10.2105/AJPH.2006.090910. Epub 2007 Oct 30. PMID: 17971561; PMCID: PMC2089086.
- Lavik, Nils Johan. "Contributions from Psychiatry on the Peace-War Issue." *Bulletin of Peace Proposals*, vol. 20, no. 2, Sage Publications, Ltd., 1989, pp. 157-65.

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# HELLO FRIENDS AND PARTNERS,



**As'salam Alaikum.** Greetings to IACAPAP members and colleagues from all over the world. It gives me immense pleasure to welcome you all to the 25th World Congress of IACAPAP, which will be held in Dubai in 2022. This congress will discuss extremely important and timely child and adolescent mental health topics in a remarkable and unique destination, Dubai, the city of the future.

The Congress will serve as a global hub for scientists, clinicians, from all over the world to present their work, and discuss the latest advances under the theme of "Child and Adolescent Mental Health: Shaping the Future."

The topic of mental health has never been more important. As the world is going through this pandemic that is causing significant distress especially on vulnerable populations such as children. Although we live in unprecedented and unpredictable times, we are hopeful that with the concerted efforts to combat COVID-19 we will be able to welcome you all in person for the congress, to enjoy the scientific content, collaborate with colleagues and enjoy the beautiful city of Dubai! Let us join hands to enhance the future of our children and youth.

We look forward to welcoming you all to our city, your city, Dubai.

**Dr. Ammar Albanna**

*Conference Chair*

*25th World Congress of IACAPAP - Dubai 2022*

# ORGANIZING COMMITTEE



“Join us at the  
**25th World Congress**  
of the International  
Association for Child  
and Adolescent Psychiatry  
and Allied Professions”



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# SPEAKERS

The congress will focus on

**modern technology in shaping the future of child and adolescent mental health** and there is no better place to examine this theme than Dubai, the city of the future!



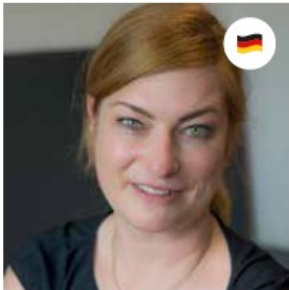
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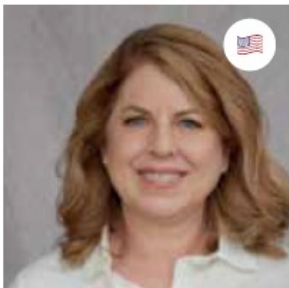
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# CALL FOR ABSTRACTS



The Scientific Program Committee of the 25th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) invites authors to submit presentations for the 2022 World Congress.

**The Congress theme is "Child and Adolescent Mental Health: Shaping the Future."**

All enquiries regarding Presentations for IACAPAP 2022 should be emailed to the Congress Secretariat at

**[IACAPAP2022@dwtc.com](mailto:IACAPAP2022@dwtc.com)**



**ABSTRACT  
SUBMISSION  
DEADLINE**

**5 MAY 2022**



# THEMES



All Presentations should be submitted using only one of the following themes:

**SHAPING THE  
FUTURE OF CAMH**

**REGIONAL TOPICS**

**PRINCIPLES OF  
TREATMENT & CARE**

**GENERAL CHILD  
& ADOLESCENT  
MENTAL HEALTH**

**PSYCHIATRIC  
DISORDERS & CO MORBID  
CONDITIONS**

Visit our website  
[iacapap2022.com/program](https://iacapap2022.com/program)  
to know more. Scan the code  
to go there now.



# SUBMISSIONS



## SUBMISSION DEADLINE

**5 MAY 2022**

### ORAL PRESENTATIONS

A 15-minute oral presentation, including question and answer time. Presenters show the research and findings based on their accepted presentation in a Power Point presentation.

### SYMPOSIUM

A 90-minute session with 3-4 speakers or more, presenting on a similar topic. The chair submits an overall abstract describing the session and an individual abstract for each of the presentations forming the session. The symposium should have an overarching theme to be discussed by the chair.

### POSTER

Physical posters will need to be printed and a poster board will be allocated in a designated area of the Congress. All posters must be produced in English.

### PRE-CONGRESS WORKSHOPS

Half day or full day sessions on Sunday December 5th, 2022. Workshops vary from other presentation types in that they aim to provide participants with the opportunity to develop new skills. This may take the form of a combination of didactic presentations combined with activities, interactive group or individual work.

### SPECIAL INTEREST STUDY GROUP

A 90-minute session that provides an opportunity for discussion among attendees who have a common academic interest. The chair is to provide learning objectives for the session, introduce the topic and facilitate the discussion. Chair is to submit one abstract describing the theme and learning objectives of the session.

### MEDIA THEME

A 150-minute session on a multimedia presentation (movie, documentary, video tape, music or other form of media relevant to child and adolescent mental health). If the submission is in a language other than English, English subtitles must be provided. The session chair should conduct a discussion following the presentation.

# IMPORTANT DATES



|                            |              |                                 |             |
|----------------------------|--------------|---------------------------------|-------------|
| EARLY BIRD                 |              | 20 MARCH TO 19 JULY 2022        |             |
| ABSTRACT SUBMISSION        | NOW OPEN     | ABSTRACT SUBMISSION DEADLINE    | 5 MAY 2022  |
| NOTIFICATION OF ACCEPTANCE | 31 JULY 2022 | PRESENTER REGISTRATION DEADLINE | 30 AUG 2022 |
| ONLINE REGISTRATION        | NOW OPEN     | ONLINE REGISTRATION DEADLINE    | 19 NOV 2022 |

Visit our website [iacapap2022.com/registration](https://iacapap2022.com/registration) to know more. Scan the code to go there now.



# ABOUT DUBAI



**Home to more than 150 nationalities,** Dubai boasts the most modern amenities found anywhere in the world – both in its entrepreneurial business environment, and things to do, see and experience.

**As the Middle East’s fastest-growing, most dynamic and exciting cosmopolitan city,** Dubai is a true melting pot of different cultures and lifestyles.

## EXPLORING DUBAI ON YOUR OWN



### DUBAI MALL

*The Dubai Mall is the world’s largest destination for shopping and leisure, next to the world’s tallest building; the Burj Khalifa. Featuring over 1,200 retail stores, two major department stores and hundreds of food and beverage outlets.*



### SKI DUBAI

*Try something impossible in Dubai – go skiing in the desert. Located inside the buzzing Mall of the Emirates, you will find one of the most innovative, iconic and exciting tourist attractions to be found in the Middle East.*



### MIRACLE GARDEN

*A world of floral wonder awaits you at Dubai Miracle Garden, the world’s largest natural flower garden. The 72,000sqm park has an impressive line-up of famous buildings and structures completely transformed into colourful flower exhibits.*



### LA MER DUBAI

*La Mer is an urban beachfront destination that combines sun and sand with shopping and style. With turquoise waters, white sands and funky murals, the leisure locale brings a splash of colour to the surrounding Jumeirah neighbourhood.*



### DOLPHIN BAY

*The perfect family activity awaits you at Dolphin Bay, part of the Aquaventure Waterpark at Atlantis, The Palm. Get welcomed by a pod of playful dolphins and choose from a range of activities designed to suit all swimming abilities and age groups.*

## Donald J Cohen Fellowship

We are delighted to announce the opening of applications for The Donald J. Cohen Fellowship Program for International Scholars in Child and Adolescent Mental Health for the IACAPAP Congress, Dubai, 5-9 Dec, 2022. The fellowship is designed for individuals whose engagement could play a pivotal role in addressing the very specific needs of their country of origin. To this end, a prerequisite for all applicants is a submission of a project suitable for a poster or oral presentation at the Congress. Good command of English is an essential requirement. We encourage all interested and eligible candidates to apply. We especially welcome applications from colleagues under 35 years of age and from countries where child and adolescent psychiatric needs are under-served and under-represented.

Looking forward to reading your application!

**Deadline for registration: 15 May 2022**

**REGISTER NOW**



**CHILD AND ADOLESCENT MENTAL HEALTH:  
SHAPING THE FUTURE**  
05-09 DECEMBER 2022  
DUBAI | UNITED ARAB EMIRATES



# The 8th Helmut Renschmidt Research Seminar 2022: Soaring to New Heights in the Dubai Desert

By: Bahadir Turan (Turkey), Cristina Vidal (Spain), Hasala Rajaratne (Sri Lanka) and Sara Alansari (UAE) on behalf of all HRRS 2022 fellows.

“It was an exceptional, out-of-the world, life-changing and transformative experience, with a ‘too much giving’ family.. a turning point in my life!”

A compilation of feedback from HRRS participants at the closing session



**Fellows and mentors at Bab Al-Shams Resort**

The 8th IACAPAP Helmut Renschmidt Research Seminar (HRRS) was held at the Bab Al Shams Desert Resort, Dubai, UAE from the 20th to 25th February 2022. Focusing on the theme of ‘Building child

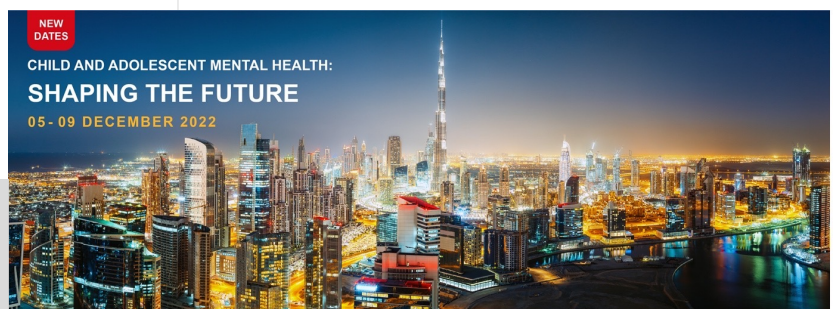
and adolescent mental health capacity and service development through research’, it particularly highlighted the crucial role of high quality research in the development of child mental health

services in the present context of technology-driven advances. HRRS 2022 brought together a group of eight world renowned expert mentors in the field and twenty emerging young research fellows from fourteen countries in an exceptional training experience. The carefully selected HRRS 2022 fellows came from diverse backgrounds including psychiatry, psychology and education. Advances in the different domains of child and adolescent mental health services including screening and characterization of mental health disorders, early intervention and management were insightfully discussed with the focus of improving the capacity of the services in the participants' countries. It also provided us with an amazing opportunity to meet and share our own stories, making personal and professional connections with both mentors and fellows. We would like to share some highlights of this amazing journey.

The program started with a welcome session and introduction to IACAPAP and the HRRS on Sunday afternoon. Other days followed the format of morning lectures and afternoon small group work. In the morning lectures, both personal and academic journeys of the mentors and general research methods were discussed from a very broad perspective.

There were eye-opening lectures about career planning and conducting academic studies in low and middle-income countries using the opportunities in these regions. Also, how to write a good grant on which we all are curious about, and infant mental health research, on which studies have increased in recent years, was another interesting and enlightening lecture. Sharing personal experiences of what it means to be both a good clinician and a good academician has become so exciting that we were both touched and motivated while listening to these lectures. We can't explain how important and valuable it is to do things together better than the following African Proverb Dr. Hamoda shared with us: "If you want to go fast, go alone If you want to go far, go together." This year has been a year of firsts. Our last lecture this year was the first "ask us anything" lecture. In this lecture, the mentors set us free and told us we could ask them whatever we would like to. We prepared four debatable topics for the mentors to discuss in two different perspectives, such as the influence of being a parent in our profession and the gender dysphoria diagnosis before age of twelve. It was truly a tremendous experience for us to witness. We have experienced amazing moments that will not end with telling and will remain in our memories for a long time, in a very friendly, supportive, and positive atmosphere.

**25th World Congress of the  
International Association for Child and  
Adolescent Psychiatry and Allied  
Professions**



In the small group sessions, we were divided in four groups each with four or five fellows and two mentors. In these sessions, each one of the fellows were encouraged to talk about their research project and challenges faced, and the mentors provided us with priceless contributions and inputs about the methodology, statistical analysis, paper writing, etc. Beyond all these technical contributions, mentors were highly motivating and inspiring, and encouraged us to move forward with our research despite the challenges we may encounter.

The one-to-one mentoring sessions had the aim to provide a more personal and individual discussion about our difficulties, doubts, or other personal demands. All the mentors were highly receptive and were very attuned to our needs and with helping us develop in the best way possible in our environment and with our resources.



**Mentors and fellows during one-to-one mentoring sessions**

Not everything was work, we also had time to enjoy Dubai and its culture. We are deeply grateful for Dr. Ammar Albanna, who organized for us different

activities, such as walking around the desert, dune riding, camel riding, a visit to the expo 2020 and a very nice dinner on a traditional boat at the Dubai Marina (singing and dancing to the rhythm of Bella Ciao). These activities were a great opportunity to get to know each other more, fellows and mentors, in a fun and casual way. We are sure no one is going to forget Prof Petrus de Vries' art in riding a Camel!



**HRRS Family in the desert**

The HRRS was an extraordinary experience that surpassed our expectations, and we will always be grateful for the time we spent together exchanging knowledge, culture, and support. The IACAPAP created one of the greatest opportunities that assembled the scientific world in the field of child and adolescent mental health in one place. The effort and time our mentors had given us, despite their duties fueled us to continue thriving throughout our research and professional journey. Nothing better than continuous success despite failures and obstacles will better reflect our sincere appreciation for them. Drs. de Vries,





**HRRS Family at the Dubai Expo**

Albanna, Ad-Dabbagh, Falissard, Hamoda, AbuAli, Schwenck and de Jonge, we genuinely thank you for everything.

To the futurist minds and beautiful souls, the HRRS 2022 fellows, we together created an exceptional, interdisciplinary scientific community featured by diversity, inclusion, and motivation for knowledge. We will not let this stop in Bab Alshams. Let us continue preserving this international community and expand it to ensure that all children and adolescents around the globe are living a safer, happier, and healthier life.

Dubai is taking significant steps to advance child and adolescent mental health in the region. We will always come back to this city to watch its sunsets while touching the soft sand of the beaches and deserts. We can't wait to meet again in IACAPAP 2022 and we invite you all to join the fun!



**HRRS Family at the Dubai Expo**

# Sowing Seeds Of CAMH In Ghana: (The 4 P's of Child and Adolescent Mental Health)

By: Dr. Ruth Charlotte Sackey  
 Psychiatrist and CAMH Professional  
 Komfo Anokye Teaching Hospital,  
 Kumasi, Ghana.

## The Problem

Ghana is a lower middle income anglophone country located in West Africa, sharing borders with francophone countries; Burkina Faso, Cote D'Ivoire

mental health (CAMH) in Ghana was in the dark ages, clouded in obscurity. There were no specialized services for



**Picture showing location of Ghana in the world and right one showing the geographical regions in Ghana.**

and Togo, with a population of about 30 million people (in 2018)

For decades, child and adolescent

children and most CAMH cases were muddled together with adult cases. Mental health in general was relegated to the background, with a lot of stigma and

widespread ignorance of mental illness. This has had severe consequences for child and adolescent mental health care and services in Ghana and wrongful knowledge and attitudes towards mental illness have had very debilitating consequences on children, families and societies. For example, wrongful association of the aetiology of CAMH disorders to evil spirit possession, curses or other superstitious beliefs led to many children receiving inhumane treatments like being fasted, chained or flogged, and in worse situations being thrown in rivers to return to their "supposed place of origin" claimed to be the river. Knowledge and expertise in CAMHS was limited and there was a lack of multidisciplinary care services for these children. Certain medications like stimulants were not readily available to manage cases of ADHD. Experts in the various disciplines needed to offer services were unavailable in most places in the country. Where available, the increased workload and demand brought with it a lot of inefficiency. Subspecialized training in CAMH was and is still a challenge and formal training usually had to be sought out of the country, for example in Nigeria, South Africa or outside the African continent.

### **The Process**

Today, there is still a lot of attention needed to deal with the problem we have with CAMH in Ghana, but good news is we are not where we used to be!! More efforts have been channeled

towards mental health advocacy by the Mental Health Authority of Ghana and some stakeholders. This has helped to reduce the stigma attached to mental illness and improved knowledge, attitudes and practices of people towards mental health. Progress has been made in this direction, but definitely more work is still needed to improve mental health literacy across the country. We have seen more health professionals showing interest in mental health and more doctors now entering into psychiatry residency training.

Training specially for CAMH is still a challenge for the country. The only Child Psychiatrist (German trained) in the country, Prof. Yaw Osei, retired from active public service in 2014. A major breakthrough for CAMH in Ghana came as a result of the training of four new psychiatrists in CAMH at different periods between 2016 to 2019 namely; Dr. Selassie Addom, Dr. Kwabena Kusi-Mensah, Dr. Peggy Asiedu Ekremet and Dr. Ruth Charlotte Sackey. They all obtained an 18-month Master of Science Degree in Child and Adolescent Mental Health from the Centre for Child and Adolescent Mental Health (CCAMH), University of Ibadan, Nigeria. These four professionals have since returned to their country and are working zealously to bridge the treatment gap for young people in Ghana. They are also promoting CAMH by sharing their knowledge and expertise with other colleagues. Advocacy programs channeled through the media has also

helped to promote knowledge in CAMH and improve health-seeking behaviours.

### **The Progress**

Over the past five years, CAMH services have improved and better care options are now available for Ghanaian youth. Multidisciplinary care services have been developed, though availability is limited to major cities, and the few teaching hospitals or Psychiatric hospitals. Collaboration with other relevant sectors such as the primary care services, educational sector, religious institutions and policy makers have also improved. Other disciplines are also being developed to cater for the needs in CAMH.

### **A case study of CAMH services in a Teaching Hospital in Ghana - a personal experience as a CAMH professional**

Looking back over the last five years since I joined the psychiatry unit, I see tremendous CAMH growth. Five years ago, there were barely any specialized services tailored for children at the facility where I work (the Komfo Anokye Teaching Hospital), especially with the retirement of the only Child Psychiatrist, and children with mental disorders were managed by general psychiatrists or medical officers, with very scarce resources. Today we have a general child clinic, a joint clinic with paediatric neurology, an abuse clinic, caregiver support groups and liaison with educational facilities.

The CAMH general clinic is run once weekly by a team of psychiatrists, a CAMH professional, clinical psychologists, occupational therapists, an art therapist, a speech therapist, a

physiotherapist and a social worker. It is a one-stop clinic where services are made available in the same place to reduce the burden on clients and reduce fragmentation of services. CAMH related conditions seen include ADHD, Autism, Intellectual disability, learning disorders, mood disorders, anxiety disorders, stress related disorders and psychotic disorders. Between January to December 2021, a total of 492 children and adolescents were seen and managed at the clinic, and about 194 new cases were recorded. The clinic was initiated in 2017 and initially suffered a lot of challenges such as staff challenges and lack of occupational therapy services. However, from mid-2019 a lot of these barriers were overcome and the clinic currently serves as a major referral site for about 10 out of 16 geographical regions in the country.

The CAMH-Neuro joint clinic is another specialized clinic where a paediatric neurologist, paediatrician and the CAMH multidisciplinary team come together to provide services in one clinic. Conditions like Epilepsy, Down syndrome, Cerebral palsy, Tuberculous Sclerosis, ADHD, and other conditions with neurological, mental and behavioural disturbances are assessed and managed. There is input from all team members involved in the clinic which promotes effective and holistic treatments, and ensures easy monitoring and follow-up.

The Abuse Clinic, a specialized clinic that was started in 2019, addresses all forms of abuse including physical, sexual, emotional abuse, and intimate partner violence, amongst all age groups, particularly children and adolescents. Young people have had the greatest



**CAMH in pictures**



**A child and her parents being assessed at the CAMH Clinic**



**Some members of multidisciplinary team with caregivers during the launch of a support group**

representation among those reporting to the abuse clinic. Experts on the team include the paediatrician, gynaecologist, CAMH specialist, psychiatrists and psychologists who manage medical and psychosocial complications. Others like the social worker, legal practitioner and police officer on the team help affected individuals seek legal aid and justice.

A caregiver support group was started in May 2021, to provide psychosocial support to caregivers of children with neurodevelopmental disorders. Goals were to provide them support for their needs and concerns, empower them to support each other, provide education and resources to enable them to deal with the challenges of caring for their children, and help mobilize financial aid for needy families who find it difficult to provide for their children.

Liaison with educational facilities is made through the provision of salient medical

reports for children, and making recommendations to assist in meeting the child's educational needs. Special education services are available but limited and may at times not meet the child's specific needs.

Follow-up visits by the social worker to schools has been challenging due to scarce resources but we are working to resolve this.

### The Prospects

A journey has begun and the future looks brighter for CAMH in Ghana. We are hopeful that as we continue identifying areas of need, we will continue to improve on them. Collaborations and support from all stakeholders is needed to ensure a smooth and successful journey. Children are the future of a nation and certainly their mental health cannot be neglected.

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

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# Māori Mental Health: Current Challenges and Success Stories

By: Dr Hinemoa Elder

Te Aupōuri, Ngāti Kuri, Te Rarawa, Ngāpuhi nui tonu.

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"Ki te kotahi te kākaho ke whati, ki te kāpuia, e kore e whati."

When reeds stand alone they are breakable, when they stand together they remain strong. Kīngi Tāwhiao

My international colleagues often share their perceptions that Māori are fortunate to be from Aotearoa NZ, a progressive country for indigenous rights.

From the inside, our picture is not such a rosy one.

Approximately 800,000 of us live in Aotearoa NZ, where we are about 17% of the population, and an estimated 200,000 in Australia. Communities of Māori live in the UK, the US, across Asia, the Middle East and in Africa. Māori peoples can be found in all corners of the globe. We are descended from the great ocean going navigators of Te Moana Nui a Kiwa, the Pacific Ocean, so it is natural for us to travel.

At home in Aotearoa, we face the serious challenges of mental distress and disease. Our Māori youth male suicide rates are amongst the highest in the world, 32/100,000 reported in 2019,

compared to the non-Māori rate of 14/100,000. We also have high proportions of our young people in youth justice, 64% of those charged in 2017 were Māori. We have robust evidence that different, discretionary decisions are made throughout the youth justice system, that favour non-Māori.

Approximately 70% of those in state care in 2019 were Māori. Again, we have good evidence that Māori children and whānau, extended families, are treated in racist ways by government care and protection services. We are also more likely to be suspended from school and we are more likely to experience barriers to accessing mental health services.

In 2019/2020, prior to COVID, approximately 319,000 children in our country were recorded as living in "after-housing-costs -income poverty", which means they live at around 60% of the mean annual income. Approximately 160,000 of children live in extreme poverty, on the 40% or less of mean annual income measure. Around 1 in 5 of these children are Māori compared to 1 in 10 children overall, who live in poverty.

I am cautious in reporting these aspects

of our mental ill health. We see evidence of victim blaming and racism when quoting the problems we face. This also contributes to our internalising the terrible state of our mental health and the intergenerational poverty many live with. This becomes part of our identity. It's a pretty bleak picture. How does a country with such good international PR have such abysmal indigenous mental health? One reason is we are not in charge of efforts to improve matters. Despite many of us trying to contribute to meaningful, sustained change over many years we have not made much progress to date.

Significant structural changes are pending in our health system, due to begin to formally take effect in July 2022. A unification of our District Health Board systems under one roof and the establishment of a National Māori Health Authority are in train. These are likely to lead to improvements in measurable ways eventually, but they are also likely to be slow in their effect on our peoples' daily lives.

Alongside reporting the negative statistics it is important to emphasise the stories of our tamariki and whānau thriving and succeeding.

We have significant Māori cultural resources, which when utilised make a tangible difference. Our total immersion language education systems, which began to become established 40 years ago, are a prime example of this. Their



***Te tomokanga o Piritahi Marae. The entrance to Piritahi Marae. This is where you wait to be called on by the kaikaranga of the hau kainga, the home people.***

impact from pre-school through to universities demonstrates the potency of reclaiming our language and culture. Health services contracts have been slower to implement such approaches. When culturally informed programmes are used, evaluation and research shows benefit. Unfortunately, these contracts are short term, often pilot programmes, and despite evidence of positive outcomes, when the contracts end that momentum is lost. Most commonly we are presented with 'interventions' developed in other countries. These are lost opportunities for strengthening our cultural identity which research and practice shows is protective for our wellbeing.





***Our puna reo, pre-school child care on the marae grounds.***



***Piritahi Hauora. Our primary health care services which include family doctors, nurses, social workers and counsellors.***



***The wharenui, the meeting house at our marae on Waiheke Island. "Kia piritahi" means "Be together".***

COVID has again exposed the levels of inequity and put further pressure on an already strained mental health system, as has happened around the world.

The NZ Māori Council was so concerned about the racist vaccine rollout in 2021 that they took the NZ government to the Waitangi Tribunal. A permanent commission of inquiry that makes recommendations based on claims brought by Māori relating to Crown actions which breach the responsibilities under Te Tiriti o Waitangi 1840. The Tribunal upheld the claim and made a series of recommendations to the NZ Government to rectify the situation. However, the vaccine roll out for Māori children aged 5-11 has seen the same lack of resources and cultural concerns. Leaving Māori children less likely to receive the COVID vaccine and more vulnerable to contracting the disease, with a well recognised higher level of

comorbidity which makes the course of COVID more complex and dangerous. Importantly this has put additional strain on our tamariki, our children's and whānau mental health.

Like the rest of the world, we have experienced the syndemic effect of COVID, which has un-masked the deeply entrenched inequities in our society, contributing to the burden of mental ill-health experienced by our young people. And while you might have the idea that Aotearoa NZ has been proactive in terms of indigenous rights and needs, in the context of the COVID pandemic there is evidence this has not been the case, despite clear imperatives and advocacy to do so.

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## Obituary

### Per-Anders Rydelius, MD, PhD

Per-Anders Rydelius died on Dec 25, 2021, at the age of 76, after being ill for more than a year with a severe illness. He was born on Dec 5, 1945.

By: Prof Helmut Remschmidt and Prof Myron Belfer

From 1989-2019, he was a Professor of Child and Adolescent Psychiatry (from 2013 on as a Senior Professor) at the Karolinska Institutet in Stockholm, Sweden, and from 2019 on, he was Professor Emeritus. In his later years he worked as a senior consultant in CAP for the Stockholm County Council.

Professor Rydelius studied medicine at the Universities of Gothenburg and Umeå and became an MD in 1971. He trained in CAP in Umeå from 1970-1971 and in Stockholm from 1972 on to become a specialist in this discipline in 1977. Professor Rydelius was deputy clinical director and clinical director of the Clinical Services at the Department of CAP at the Karolinska Institutet in Stockholm from 1978-1996.

In 1981, he defended his thesis "Children of alcoholic fathers - Their social adjustment and their health status over 20 years". In 1982 he was appointed a lecturer (docent) of CAP. Later he trained in management at the program for Executive Education/Health Care (Stockholm School of Economics) and from 2000-2006 served as Dean of the Department of Women's and Children's Health at the Karolinska Institutet



*From left to right: Helmut Remschmidt, Myron Belfer and Per-Anders Rydelius*

(including the Divisions of Obstetrics / Gynecology, Neonatology, Pediatrics, Pediatric Endocrinology, Pediatric Neurology / Orthopedics/Rheumatology, Pediatric Oncology and Hematology, Child Surgery, Child and Adolescent Psychiatry, and Midwife Education).

In the summer of 1994, he was a visiting professor at Professor Felton Earls program on juvenile delinquency, "The Chicago South Neighborhoods", at the Harvard School of Public Health in Boston/USA. Professor Earls and Professor Rydelius remained colleagues

and friends. From Sept 2003 - Feb 2004, he was a guest professor in the Department of Child and Adolescent Psychiatry/Developmental Clinical Psychology and Psychiatry at Nagoya University/Japan. From Nov 2007 - Nov 2012, he was a guest professor at the Central South University in Changsha, Hunan/China and from 2013-2015 a guest professor at Karlstad University in Sweden.

Professor Rydelius' interest in research focused on longitudinal prospective studies to explore the long-term consequences of stress on children's wellbeing, on the great variance in mental age in children of the same chronological age, and on the importance of relative immaturity to the understanding of psychopathology in children. He was a member of the Editorial Boards of several journals, published more than 200 articles and chapters in journals and books and supervised 23 PhD students.

He had national assignments of different kinds, e.g. as President of the Swedish Association of CAP and as a scientific reviewer at the Swedish Council of Science, as well as international assignments in IACAPAP from 1994 on, as the chair of the LOC for the IACAPAP World Congress in Stockholm 1998, as Secretary-General from 2004-2006, and as President from 2006-2010. He was appointed Honorary President of IACAPAP in 2015. He was a Program Chair of the IACAPAP "Helmut Renschmidt Research Seminars",

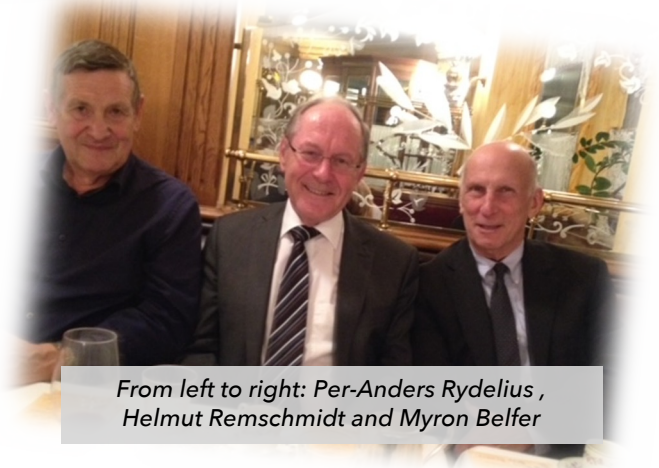
established in 2006. From 1997-2000, he was a member of the Section Committee for Child and Adolescent Psychiatry of the World Psychiatric Association. From 2008-2019, he served as a member of the WHO Advisory Group for the revision of ICD-10 to ICD-11 and a member of the working groups on the WHO revision of ICD-10 classification of mental and behavioral disorders in children and adolescents and in eating disorders.

As Rydelius went to school in Sweden while German was still taught as one of the major important international languages, he read and understood German. In his office, he collected most of the German textbooks of psychiatry, child psychiatry and also historical ones. He was proud to show off his knowledge of German along with Kari Schleimer.

Per-Anders Rydelius was a fully engaged physician and a wonderful mentor for young child psychiatrists all over the world. With regard to many problems, he talked with passion and enthusiasm about the "Swedish way". Professor Rydelius was a remarkable story-teller and a passionate moose hunter. Moose hunting season was a special time for Professor Rydelius and these days in October could not be occupied by any other activities. All who have known him, will remember him as a generous, kind, modest, and noble man with great knowledge and an humanistic approach. He is survived by his wife Eva-Lena, a daughter and a son, and three grandchildren.



*From left to right: Helmut Remschmidt, Petrus de Vries, Bruno Falissard, Per-Anders Rydelius and Andreas Warnke.*



*From left to right: Per-Anders Rydelius , Helmut Remschmidt and Myron Belfer*



*From left to right: Per-Anders Rydelius , Helmut Remschmidt and Petrus de Vries.*

## Obituary

### Professor Sir Michael Rutter

Born in Brummana, Lebanon, 15<sup>th</sup> August 1933, died of cancer on 23<sup>rd</sup> October 2021, aged 88 years.

By: Dr Matthew Hodes, Honorary Senior Lecturer in Child & Adolescent Psychiatry, Imperial College London, UK.

Professor Sir Michael Rutter was the first professor of child psychiatry in the UK, and during his life he completely revolutionized the field. He was the founder of the new discipline of developmental psychopathology, that integrates perspectives from psychiatry, developmental psychology and epidemiology. Underpinning his approach was a strong adherence to the scientific method, which was radical when he began his research in the late 1950's. At the time child psychiatry and much of psychiatry and clinical psychology were dominated by psychoanalysis. By contrast, his scientific approach required close observation, development of hypotheses, and then rigorous testing using robust methodologies (Sonuga-Barke, Fearon, & Scott, 2022).

This research approach was applied to an extraordinary range of topics (Stevenson, 2022) reflected in an enormous publication output, collated by Stevenson in the Digest of Rutter's life's work (see further information below). His prolific output included 546 authored or co-authored papers and 52 books. From this vast span of topics in child and adolescent psychiatry, only a few can be mentioned here.



From early in his career he pioneered assessment in psychiatry. He developed with George Brown the measure expressed emotion, initially for research into families of people with schizophrenia, but the instrument was then used with families in which young people had many other disorders. He developed numerous questionnaire measures, including scales to assess child and adolescent psychopathology, which became the fore-runner of the Strengths and Difficulties Questionnaire (SDQ). Alongside this was the development of numerous psychiatric interviews. He understood the importance of interviewing children, and taking into

account their perspective. With colleagues he developed diagnostic interviews for autism such as the ADI and ADOS, which have in recent years entered standard clinical practice.

Having developed methods to measure psychiatric disorders, Rutter with Philip Graham and William Yule carried out the pioneering epidemiological study of children in the Isle of Wight. He then compared the findings with the results of surveys of children in inner London, who were found to have a higher prevalence of psychiatric disorders and reading disorders. Further studies investigated the mechanisms for the differences. The epidemiological studies were enormously influential and informed the investigation of psychiatric disorders in infants, and children and adolescents in many other countries.

Rutter made major contributions to the study of autism. With Susan Folstein he carried out the first genetic study using a twin design, and showed that genetic factors were a very important cause of autism. This was revolutionary at the time (1977) when many people thought autism was caused by parenting deficits and maternal interactional style. The research led to further family studies of autism and its broader phenotype, and collaborative research into the molecular genetics of the disorder. Rutter was active in researching treatments for young children with autism. With Howlin and others, behavioral approaches were used to eliminate abnormal behavior

and positive behavior emphasized. The findings pointed to the need for home-based programs for the family, and the importance of addressing educational needs.

Rutter was fascinated by the nature nurture interplay, and in particular the question as to why some children became resilient against adversity while others were not. Ann Masten regarded him as the leading figure in resilience research. Areas of investigation included the variation in outcomes of institutionally reared children. Amongst the interesting findings were that planning in adolescence and achieving a good and a stable marriage were important factors in achieving better outcomes. Later his attention turned to the development of children who came from the very abnormal environments of the Rumanian orphanages. Longitudinal studies with “natural experiments”, made possible by adoption at difference ages, resulted in many important findings. These revealed that earlier adoption was associated with fewer later deficits, with a threshold at around 6 months, and adoption below that age could result in normal development.

Rutter’s early life was eventful. He was born in Lebanon and as an infant came to England with his family. In 1940 at the age of 7 years, during the second World War, when many children were evacuated from the cities, he went to live in USA with a foster family. He returned four years later to join his birth family.

After undergraduate studies in medicine at Birmingham University, he went to the Maudsley Hospital for psychiatric training. The doyen of psychiatry Professor Aubrey Lewis, recommended that he become a child psychiatrist, but that the training in the field was of such poor quality that it was to be avoided, and it would dull his curiosity. Rutter duly followed this advice.

He worked at the Institute of Psychiatry Psychology and Neuroscience for 55 years. He was awarded Chairs in Child Psychiatry in 1973 and Developmental Psychopathology in 1988. He set up and directed the Medical Research Council's Child Psychiatry Research Unit in 1984. Ten years later he established the Social, Genetic, and Developmental Research Centre, which attracted world leading researchers. He was prominent in many grant giving bodies such as the Medical Research Council, and became deputy chair of the Wellcome Trust and trustee of the Nuffield Foundation. His extraordinarily influential research resulted in the award of 21 honorary doctorates and numerous awards from many institutions. He was well known to many leaders in IACAPAP, and spoke at a number of conferences.

Rutter was raised as a Quaker. He described himself as a non-theist Quaker who followed many of its values such as respect for human life and need to oppose injustice. He was exceptionally driven and maintained very high standards in research and ethical

conduct. In addition he was highly supportive to countless trainees (and I was one), and he nurtured many researchers who later obtained prominent positions. His research framework, methodological rigour and breadth, and ethical code, underpin the knowledge, skills and moral compass that orientate IACAPAP. We are all walking in his footsteps.

### **Further Information**

#### **Digest of the life's work of Professor Sir Michael Rutter:**

<https://www.acamh.org/blog/a-digest-of-the-published-work-of-michel-rutter-1958-2020-2/>

#### **Interview with Professor Sir Michael Rutter**

by Professor Jim Al-Khalili about his life and work, in the BBC's "The Life Scientific" series; first broadcast in 2014: <https://www.bbc.co.uk/programmes/b04581j9>

### **References**

Sonuga-Barke, E., Fearon, P., & Scott, S. (2022). Editorial: 'The giant's shoulders': understanding Michael Rutter's impact on science and society. *J Child Psychol Psychiatry*, 63(1), 1-3. doi:10.1111/jcpp.13558

Stevenson, J. (2022). Editorial Perspective: How Sir Michael Rutter revolutionised our understanding of human development: An introduction to a systematic Digest of his life's work. *J Child Psychol Psychiatry*, 63(1), 4-6. doi:10.1111/jcpp.13559

## 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 March 2022 issue summarizes the following three studies - coping and psychological resilience in Australian adolescents during the COVID-19 pandemic (Beames et al., 2021), longitudinal transactional relationships between caregiver and child mental health during the COVID-19 global pandemic (Robertson et al., 2021), and proactive detection of people in need of mental healthcare using a community case detection tool from Sri Lanka (van den Broek et al., 2021a).

Research article | [Open Access](#) | [Published: 18 December 2021](#)

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### The upside: coping and psychological resilience in Australian adolescents during the COVID-19 pandemic

[Joanne R. Beames](#) , [Sophie H. Li](#), [Jill M. Newby](#), [Kate Maston](#), [Helen Christensen](#) & [Aliza Werner-Seidler](#)

[Child and Adolescent Psychiatry and Mental Health](#) **15**, Article number: 77 (2021) | [Cite this article](#)

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Beames et al., (2021) underscore the need to understand how adolescents have coped with the COVID-19 pandemic and factors that support adaptive success to facilitate disaster planning by optimising social resources. They also state that there is limited data on individual differences in resilience and relationship between resilience and positive and negative experiences of young people during the pandemic. They conduct a large cross-sectional, mixed methods online survey to explore resilience, positive experiences and coping strategies in Australian adolescents during the COVID-19 pandemic.

The team recruits 760 young people

aged between 12 and 18 years by convenience sampling through established networks within the Black Dog Institute. They collect the demographic and mental illness history of the participants. In addition, they assess them using the 10-item Connor-Davidson Resilience Scale (CDRISC-10), the Kessler-6 (K6), and a bespoke questionnaire (developed by them for the current study to assess positive experiences during COVID-19). They ask the subjects to write free text responses to one open-ended question that enquired about coping strategies used during the pandemic. They conduct simultaneous multiple regression analysis and binary logistic regression analysis to study the relationships between demographic characteristics and



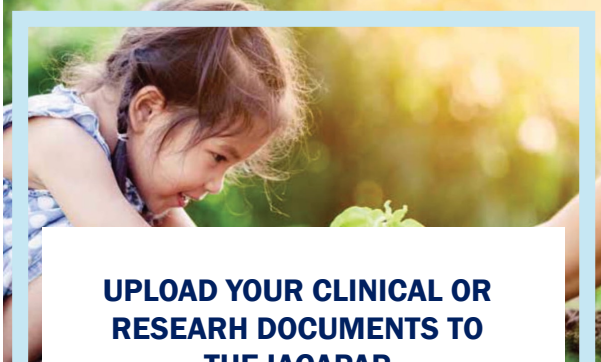
resilience, and resilience and psychological distress respectively. A team member codes responses to an open-ended question on coping strategies using a deductive approach as part of qualitative analysis.

Majority (72%) of the sample were female. Almost half of the sample experienced psychological distress indicative of probable mental illness. Participants who identified as female or as non-binary or another gender reported significantly lower resilience levels than those who identified as male. Individuals with a history of mental illness reported significantly lower resilience compared to those without a mental illness history. Mental illness history was more strongly related to resilience compared to age and gender. Increased resilience was associated with positive experiences. Over half of the sample (56.9%) reported feeling greater levels of empathy toward others who are less fortunate than themselves, and 42.9% reported feeling more grateful in general. Majority (78.42%) of the subjects provided a response to the open-ended question enquiring about coping strategies. Coding of free-text responses yielded 14 categories of active coping strategies and two categories of passive coping strategies. Almost 80% of responses were noted to be helpful coping mechanisms. The most common coping strategies employed were active - socialising (37.89%), engaging in hobbies (24.4%), and doing physical exercise (12.63%).

Authors conclude that resilience and distress are important targets for psychological intervention in youth


during public health emergencies such as pandemics. In view of the methodological limitations such as - cross-sectional nature of the study, the possibility of selection bias and response bias, exclusive focus on internalizing symptoms, and lack of multiple informants, they recommend future prospective longitudinal resilience studies addressing the same and evaluating multiple developmental systems to document cascading consequences. They suggest additional areas for future research such as effects of gender on vulnerability to and recovery after stressful life events and positive experiences and resilience.

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## Longitudinal transactional relationships between caregiver and child mental health during the COVID-19 global pandemic

[Emily L. Robertson](#) , [Jennifer Piscitello](#), [Ellyn Schmidt](#), [Carolina Mallar](#), [Bridget Davidson](#) & [Ruby Natale](#)

[Child and Adolescent Psychiatry and Mental Health](#) **15**, Article number: 66 (2021) | [Cite this article](#)

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Robertson et al., (2021) discuss the cascading effects of the ongoing pandemic on the mental health of parents and children. They highlight that research evaluating the impact of the ongoing pandemic on the functioning of families done so far has been unidirectional or cross-sectional in design. Thus they establish a need to study the transactional relationship between caregiver and child stress and mental health over time to construct empirically informed models of pandemic-related functioning and inform intervention strategies.

The team sets out to examine the bidirectional relationship between pandemic-related stress and caregiver mental health and child behavior (i.e. internalizing, externalizing and prosocial behaviours) at three timepoints over four months following the stay-at-home-order issued after the COVID-19 outbreak. They recruit 286 (racially, ethnically and linguistically diverse) caregivers of young children (260 from email lists of caregivers participating in service programs offered at a university medical centre located in the South-eastern United States who completed the survey

online and 26 through a community-based participatory research approach). They assess the participants using a Risk and Resilience Survey (developed by the team to assess family functioning), Everyday Stressors Index (ESI), and selected items from the Experiences Related to COVID-19 Questionnaire. They use the Strengths and Difficulties Questionnaire (SDQ) to evaluate the psychological attributes of children. They construct a series of autoregressive cross-lagged path models to test the relationship between the variables across time and use root mean square error of approximation (RMSEA), comparative fit index (CFI) and Tucker-Lewis index (TLI) to estimate the model fit.

Authors report that impaired caregiver mental health at Time 1 predicted worse future pandemic-related stress at Time 2. In addition, impaired caregiver mental health at Time 2 predicted worse child externalizing symptoms at Time 3. Caregiver pandemic-related stress at Time 1 predicted increases in child internalizing symptoms at Time 2, that in turn, predicted increases in caregiver pandemic-related stress at Time 3. Both child internalizing and externalizing were

negatively correlated with child prosocial behavior. They suggest that interventions targeting caregiver mental health concerns and stress are likely to reduce the risk of externalizing problems and distress in their children, respectively; and reducing children's worry and distress may decrease the compounding and co-occurring caregiver stress.

The team concludes that interventions targeting multiple levels - caregiver, the child, and/or the family should be considered to interrupt potential negative developmental cascades. They

acknowledge various limitations of their study and recommend replicating the current study in a clinical sample and outside of the US (to understand potential cultural differences), and future research to assess caregiver-child attachment as a mediator or moderator between caregiver and child functioning (in the context of the current disaster); examine the impact of interventions targeting caregiver stress and children's internalizing symptoms on the symptoms and study the relationship of resilience in parents to resilience in children.

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Research article | [Open Access](#) | [Published: 08 October 2021](#)

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## Proactive detection of people in need of mental healthcare: accuracy of the community case detection tool among children, adolescents and families in Sri Lanka

[Myrthe van den Broek](#), [Puvaneswary Ponniah](#), [P. Judy Ramesh Jeyakumar](#), [Gabriela V. Koppenol-Gonzalez](#), [John Vijay Sagar Kommu](#), [Brandon A. Kohrt](#) & [Mark J. D. Jordans](#) 

*Child and Adolescent Psychiatry and Mental Health* **15**, Article number: 57 (2021) | [Cite this article](#)

Van den Broek et al., (2021a) note various barriers to seeking help for mental health ailments especially among children and adolescents in conflict-affected low- and middle-income countries (LMICs). They emphasize that under-detection of children and families in need of mental healthcare is one of the important factors contributing to the wide treatment gap. They conduct a study to assess the accuracy of a new method to overcome some of the demand-side barriers by supporting community-level proactive detection of children, adolescents and families in need of mental healthcare in Sri Lanka.

The team assesses the accuracy of a child-focused Community Case Detection Tool (CCDT) that identifies children and adolescents aged 6-18 years and families in need of mental healthcare to encourage help-seeking (van den Broek et al., 2021b). Given the crucial role that family functioning plays on children's mental health, they add an additional vignette to the tool that assesses family-level problems. They use an abbreviated version of the Ten Questions Screen for Childhood Disability (TQS) to screen the participants for assess hearing, speaking,

or severe cognitive disabilities prior to participation in the study; an adapted version of the Safe Environment for Every Kid-Parent Questionnaire-R (SEEK PQ-R) to evaluate family problems and child protection needs; the Indian Tamil MINI-KID 6.0 to evaluate the mental health of children and adolescents the gatekeepers had detected; and the Sri Lankan Tamil parent version of the Strengths and Difficulties Questionnaire (SDQ) to assess the concurrent validity of the CCDT positives. The senior counsellor administering the MINI-KID and SEEK PQ-R answers a concluding dichotomous question regarding the indication for psychological treatment from a mental health professional. One of the team members who is a master trainer trains a supervising psychiatrist (and a backup psychiatrist) to administer MINI-KID, who subsequently trains five senior community counsellors to use MINI-KID and SEEK PQ-R. Supervision meetings are held with the counsellors to ensure quality control and provide support with referrals. Ten research assistants receive training in research basics required for this study and community gatekeepers participate in a 2-day training program by a research coordinator. Community gatekeepers

(n=45) are all female and older than 18 years. They include youth club leaders, women society group members and community health volunteers. They use the CCDT regularly for six months and detect a total of 238 children aged 6-18 years. To minimize confirmation bias, direct contact between gatekeepers and counsellors is limited and the CCDT probable negatives were invited to participate in the study.

The average age of the sample was 12.3 years with an equal distribution of girls and boys. Of the 157 CCDT probable positives, 109 were indicated for mental health treatment. Authors record that community gatekeepers can accurately detect two out of three children and families in need of mental healthcare using the CCDT. The performance of the CCDT was comparable with the SDQ. Therefore, it can serve as an alternative scalable method to universal screening for mental health problems. The team could not evaluate gender differences in the results as all the community gatekeepers were female. They mention that future research can explore this and also will focus on the development and evaluation of an additional "help-seeking encouragement strategy" component of the CCDT.

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## References:

Beames, J.R., Li, S.H., Newby, J.M. et al. The upside: coping and psychological resilience in Australian adolescents during the COVID-19 pandemic. *Child Adolesc Psychiatry Ment Health* 15, 77 (2021). <https://doi.org/10.1186/s13034-021-00432-z>

Robertson, E.L., Piscitello, J., Schmidt, E. et al. Longitudinal transactional relationships between caregiver and child mental health during the COVID-19 global pandemic. *Child Adolesc Psychiatry Ment Health* 15, 66 (2021). <https://doi.org/10.1186/s13034-021-00422-1>

van den Broek, M., Ponniah, P., Jeyakumar, P.J.R. et al. Proactive detection of people in need of mental healthcare: accuracy of the community case detection tool among children, adolescents and families in Sri Lanka. *Child Adolesc Psychiatry Ment Health* 15, 57 (2021a). <https://doi.org/10.1186/s13034-021-00405-2>

van den Broek, M., Hegazi, L., Ghazal, N., Hamayel, L., Barrett, A., Kohrt, B.A., Jordans, M.J.D. Accuracy of a proactive case detection tool for internalizing and externalizing problems among conflict-affected children and adolescents. *J Adolesc Health* (2021b). <https://doi.org/10.1016/j.jadohealth.2021.03.011>

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5TH IACAPAP LUNCH & LEARN WEBINAR

# Mental Health Intervention for Children and Young People in Africa: Importance of psychosocial treatments

By Dr Cornelius Ani

24TH MAY 2022, TUESDAY,  
1.00PM CEST

- Event : 5th IACAPAP Lunch & Learn Webinar  
Date : Tuesday, May 24, 2022  
Time : 1.00 PM - 1.45 PM CEST (Central European Summer Time)  
Topic. : Mental Health Intervention for Children and Young People in Africa: Importance of psychosocial treatments  
Speaker. : Dr Cornelius Ani  
*Honorary Clinical Senior Lecturer  
Division of Psychiatry  
Hammersmith Hospital Campus  
Imperial College London*

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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 first come, first served. E-certificate of attendance will be provided to those who have attended the webinar and completed the survey.

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The Nominating Committee of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is calling for nominations for the following to serve on the Executive Committee of IACAPAP from 2022 to 2026:

- President
- Treasurer
- Secretary-General
- 9 Vice Presidents

### **Timeline**

- Call for nomination open: 1 June 2021
- Call for nomination close: 31 May 2022

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



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

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

#### **A. Timeline**

- Application open: 1 February 2022
- Application deadline: 30 August 2022
- Notification of outcome: 15 October 2022



## **B. Nature of Grant**

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- Up to USD 500 (five hundred US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel within the continent OR up to USD 1,000 (one thousand US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel outside the continent.
  - Airfare
  - Travel Expenses: Economy bus and train are covered by the travel grant. Taxi fares, parking fees, and fuel costs if you are driving to the site of the convention/conference are also acceptable.
  - Lodging expenses: Hotel, hostel, or other expenses towards lodging incurred during the convention/conference.

Note: All receipts must be submitted within 30 days of the event to be reimbursed. Each recipient will be responsible for booking their hotel and flight. IACAPAP do not release fund for book flight or accommodation before any conference. The travel grant will be distributed within 30 days upon receiving the completed submission of the required documentation. Funds will not be distributed without receipts.

## **C. Eligibility**

1. Only IACAPAP Individual Members may qualify for an IACAPAP Education Travel Grant.
2. Current membership in IACAPAP at the time of submission, notification and event dates.
3. The candidate cannot receive two consecutive travel grants.
4. Formal abstract submission is required for the respective conference you wish to attend. Please have the abstract submission number available to complete this form online.
5. The applicant must be registered and have fully paid to attend the IACAPAP conference.
6. The applicant must be an author of a full, short or demo paper and be the one presenting the work at the conference.

## **D. Application**

All applications should be submitted online. To apply online (click [here](#)) with additional supporting documentation:

1. Letter of recommendation/reference from current supervisor (300 words max) indicating name, affiliation, address, contact details.
2. Curriculum vitae, maximum 02 pages, including previous awards, education, publications, research activities and further information deemed relevant

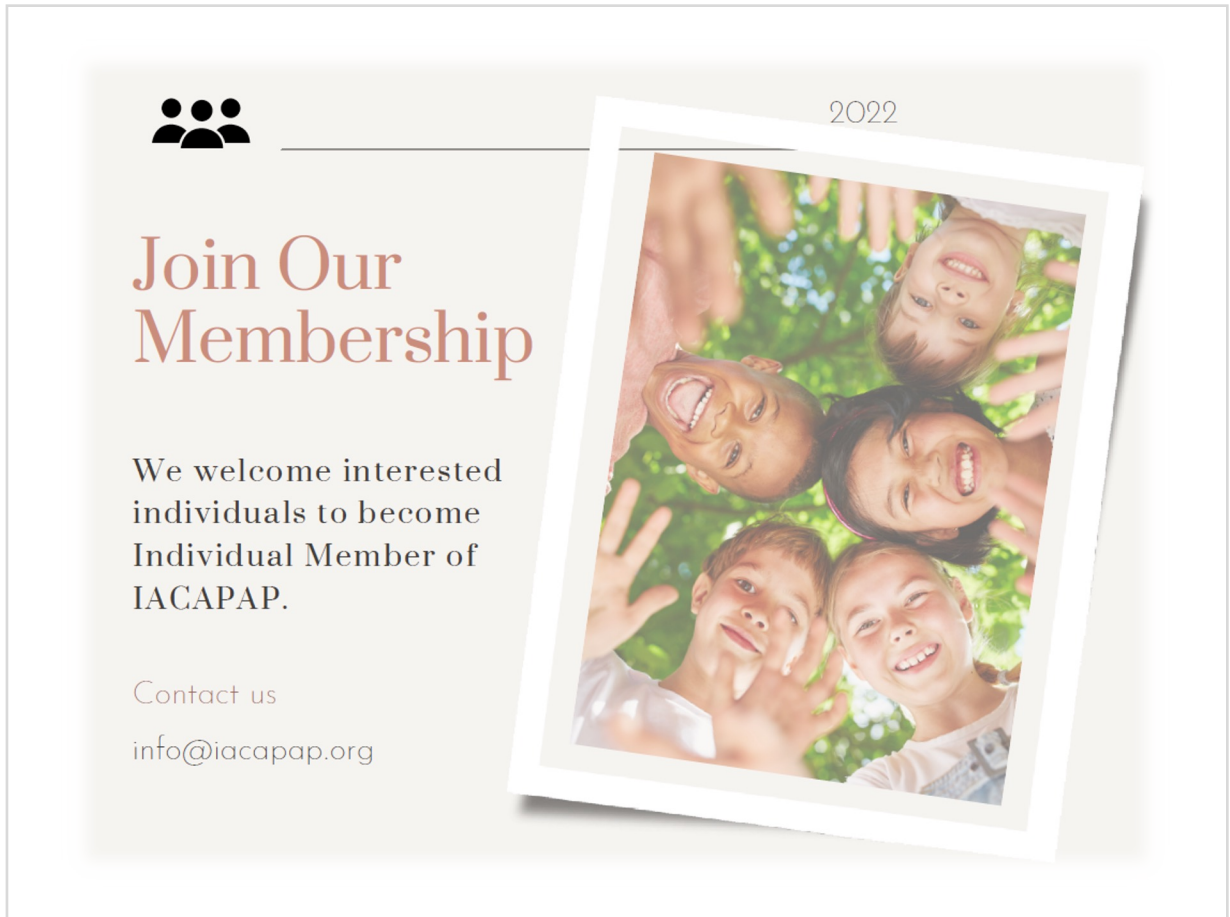
3. A copy of the abstract you are submitted.
4. A copy of the letter of invitation from the conference organiser indicating that you are presenting your paper during the conference.
5. A copy of the official receipt for the congress registration.
6. The application must be completed via an online form. Application via email is not acceptable. Please have all necessary documents in PDF format to upload.


The application must be completed via an online form. Application via email is not acceptable. Please have all necessary documents in PDF format to upload.

### **E. Notification of Outcome**

You will receive an award letter via email from the Administrator of IACAPAP notifying you that you have been awarded a grant. You will also receive an email notifying you if you were not selected to receive a grant and a notification if we have a waitlist.

**Apply now!**




 2022

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**MOOC 2022**

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MOOC has been designed to meet the basic educational needs of people interested in child and adolescent mental health such as nurses, community health workers, teachers, general practitioners, medical students, adult psychiatrists, and parents.

 May 2, 2022 to June 14, 2022

 <https://iacapap.org/mooc-2022/>

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We are excited to announce that the MOOC 2022 is open for registration now!

### Enrolment

From Feb 13, 2022 to June 7, 2022

### Course

From May 2, 2022 to June 14, 2022

### Language

English

### Format

Duration: 5 weeks | 20 hours

### Prerequisites

No specific skills or knowledge is required to follow this course. It is open to all those who have, for professional or other reasons, an interest in the mental health problems that can be encountered by children and adolescents.

Please visit

<https://iacapap.org/news/mooc-2022.html> for more information.

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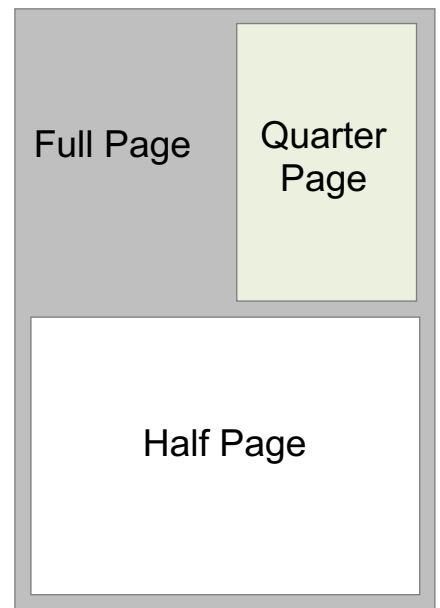
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# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

# IACAPAP Member Organisations

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

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

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

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Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association

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