



The IACAPAP Art Heals the Soul Drawing Contest

By Sofija, North Macedonia, age category: 13 to 17Y, Life under COVID-19

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IACAPAP President's Message – Dec 2020

IACAPAP: A History of Giving

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



**IACAPAP President
Dr Daniel Fung**

The IACAPAP was formed 82 years ago based on a group of psychiatrists from Europe coming together. It was an entirely voluntary effort and with the French President Georges Heuyer, who used the auspices of his university position to support and organise meetings. Over the years, the movement has gained momentum and developed itself into the IACAPAP that we know, holding regular meetings for sharing scientific discovery and academic socialising called world congresses and nurturing young professionals in both clinical leadership and research acumen through the Donald J Cohen Fellowship Programme

and the Helmut Remschmidt Research Seminars. Alongside this, a large treasure trove of curated online training materials including the world-famous [JM Rey IACAPAP Textbook](#), an annual [Massive Open Online Course](#) as well as a resource rich website with regular [newsletters](#) and a growing [social media](#) presence. All of this is regularly updated and improved yet without requiring anyone to pay for these directly. Everything is provided for free in the public domain. When I started becoming involved in IACAPAP, I asked “How does this work?” “How is it sustainable?”

I discovered that it works on philanthropy. Most people think philanthropy is the product of high income or high net worth individuals sharing their financial resources, i.e. giving a donation. Donation of money is only one form of philanthropy. In fact, the term philanthropist as described in the Merriam Webster dictionary as “one who makes an active effort to promote human welfare”. In that sense, aren't we as mental health professionals, have a calling as philanthropists? Philanthropy is about causes. If the cause is worthy, philanthropists emerge as was the case in IACAPAP. The voluntarism over 80 years is part of the mandate that is enshrined in the Constitution of IACAPAP, to advocate for the promotion of the mental health and development of children and adolescents through policy, practice, and research. Philanthropy is not just about giving generous donations but about advocacy

as well. Good philanthropy results in developing strategic priorities focused on the cause and engages the interested groups in meaningful activities. The volunteerism that we have observed in the work of IACAPAP is in fact priceless. Even as our treasurer frets over the funds we do not have, I think that IACAPAP has benefitted richly from the giving to our cause over the years. This is because volunteers give of their time and effort towards the cause. They provide a voice that resonates with others and more people come forward. One example is the IACAPAP textbook which started with Joe Rey and his ideas. He collected the first chapters and asked professionals at the top of their fields to contribute. Not money, but time and effort to write the chapters. There were no financial incentives or royalties, just a belief that this can help share knowledge to lower resourced parts of the world. Now, there are frequent requests for new chapters and new translations in an enterprise that seems to sustain itself. And it is being used widely across the globe, it has received more than a million downloads.

We need more of such philanthropy. If you are reading this and you wish to contribute to our global effort, I offer you 3 types of gifting that you can do for the IACAPAP cause. The first is the **gift of money**. We have created the website to receive your [donations](#) readily. It is still not perfect but you can give with a touch of a button. Your money will be used carefully as we have a fundraising committee led ably by Prof Liu Jing from Beijing. She has created a set of guidelines for how donations are managed and we have a committee to

make sure that every donation goes to the global work of IACAPAP to improve child and adolescent mental health. You can give once off, or you can give regularly. We are working towards developing a way to allow regular contribution through our new web portal coming soon. The second is the **gift of time and effort**. We need volunteers to help us create content and materials in all our various educational initiatives. Write to us info@iacapap.org if you have something to give. The third is the **gift of voice** that can help influence the work of IACAPAP. Ask your local organisation which may be a member of IACAPAP to help you with gaps and needs you see important in your work. If your country or region has no local organisation, you can start one and IACAPAP can help. IACAPAP is not just an organisation for psychiatrists. It is for all professionals focused on mental health in the young. So, if you are a teacher or a nurse or any other professional and want to participate in the work of IACAPAP, speak to your local professional group and ask them to join IACAPAP. We will be sharing a new membership model very soon (see article by our Secretary General).

Even as we reach the end of a very surreal year, with vaccinations round the corner, the world will soon reopen to a new normal. I look forward to seeing greater philanthropy emerge from our ranks. In this season of giving, let us give a moment to think about how we can do more to advocate for child mental health, and let us come together as a global community to make our world better for the next generation.

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IACAPAP 2020: A New Membership Model and a Step Forward for our Organization

*By: Christina Schwenck, IACAPAP Secretary General, Professor for Special Needs Educational and Clinical Child and Adolescent Psychology
Justus-Liebig-University Gießen*

Two years of our term of office have passed quickly, two years of vision, inspiration, hard work and challenges we had to confront, especially with the pandemic. The journey began with a retreat where we settled and discussed our ideas, identified opportunities and established priorities. The upmost aim, we all agreed on, was strengthening the professional character of our organization.

Originally, IACAPAP was an organization with a clear number of members, at these times the virtual world did not exist. Throughout the years we have grown considerably with a widening outreach to many parts of the world. Therefore, it is time to think about new structures, facilities and utilizing options that our times offer. One is the new membership model which was recently approved by the IACAPAP General Assembly in November 2020.

Why a new membership model?

According to § 2 of our constitution, IACAPAP is an “**international association**” for the purpose of “the promotion of mental health and development of children and adolescents...through **collaboration** among the professions of child and adolescent psychiatry, psychology, social work, pediatrics, public health, nursing, education, social sciences and other relevant disciplines”.

The emphasis of international outreach on the one hand and collaboration between different CAMH professions on the other hand was chosen wisely by the founders of the constitution: Taking a look at the world map and the origin of our members, we must conclude that IACAPAP still does not adequately cover many regions of the world, and especially those regions where the majority of children live, are underrepresented. Here, IACAPAP can take over the role of connecting individual professionals and support them in the creation of new national organizations and advocate for children and adolescents with mental health issues. Furthermore, according to the Mental Health Atlas of the WHO (2017), mental health workforce consists of a variety of professions, including nurses, psychologists, speech and language therapists and others beyond child and adolescent psychiatrists. In order to promote mental health capacity building especially for children and adolescents in low- and middle-income countries (LMIC), it is extremely important to include the whole range of mental health workforce and provide them with IACAPAP’s educational materials and trainings since especially in LMIC, such options are rarely available. Also, so far, the distribution of information and activities of IACAPAP is highly depended on the involvement of national organizations. While we very much

appreciate the very active collaboration and engagement of the majority of our members, we also noticed that there are some that do not respond or disseminate the information and activities of IACAPAP, although their members could benefit from it. Lastly, our outreach is not only limited with respect to professionals in LMIC and allied professions but also to professionals in training who frequently do not have access to their national organizations. Hence, it is them who represent the future of our professions and who could benefit from many of IACAPAP's programs the most.

Taken together, we felt the need for a new membership model in order to (a) include more members of allied professions into our organization, (b) promote capacity building particularly in underrepresented regions of the world where the majority of children and adolescents live, (c) disseminate our programs and activities more effectively for anyone interested in them, and (d) encourage professionals in training to become part of the IACAPAP family. We hope to include professionals and professionals in training into our organization that will bring in their ideas and spirits, and will stand for IACAPAP's mission all over the globe.

Challenges and opportunities for the new membership model

Once the decision was taken to develop a new membership model, many questions had to be answered. Which structure should the new model have? What infrastructure is required to manage the new structure? What would be the benefits of membership for different kind of membership categories? What changes in our constitution would be required to install the new model?

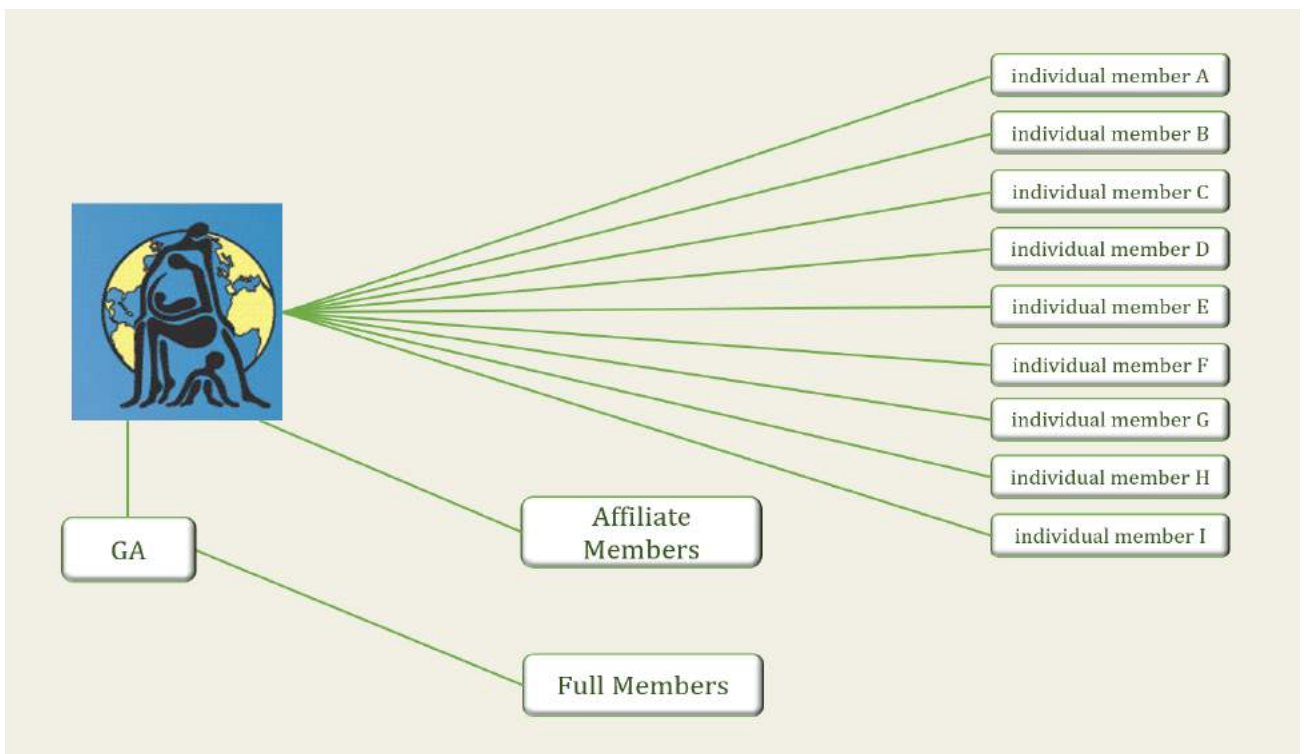
After intensive investigation, consideration of advantages and disadvantages of different options and many fruitful discussions within the bureau, we were able to come up with an elaborate proposal.



(a) Hybrid membership model

The new structure of our membership model displays a hybrid of the former structure with national CAP organizations as full members, other regional and international organizations as affiliate members, and the new option for individual membership. As before, the full members are the political units of the organization that vote in all its business at the General Assembly. However, individuals can now become members of IACAPAP regardless of whether an organization in their country exists or not. The requirements for individual membership are:

- Mental health professional or professional in training
- Membership application form
- Letter of intent
- CV
- Letter of recommendation from a IACAPAP member
- If applicable student certification



As before, review and approval of full and affiliate membership application is conducted by the Executive Committee, while a membership committee led by the Secretary General provides this service for individual membership applications.

(b) Infrastructure

So far, IACAPAP had less than 100 members to administer. If the new membership model is successful, this number will be exceeded by far and a new infrastructure is necessary to handle membership matters. The bureau and admin are currently developing an online membership platform which will contain options such as an online application, maintenance and renewal of membership, dissemination of activities and information, subscription and payment as well as subgroup activities and discussions. The platform will be embedded into the homepage of IACAPAP and will be a tool to

automatize and professionalize the workflow of membership matters and keep information, such as changing presidents of the full members updated.

(c) Benefits of membership

With respect to benefits of membership, a careful balance of incentives for membership and IACAPAP's philosophy to make educational resources available free of charge and to as many people in the world as possible was aspired. Without any doubt, many resources such as the JM Rey IACAPAP [e-Textbook](#) are the only available materials for many CAMH professionals in the world and therefore the access should not be restricted. Nevertheless, the new model gives space for certain benefits which are linked to membership category. Full members are eligible to send a delegate to the General Assembly, vote in all business with one vote per member organization and to nominate officers. Furthermore, they will be provided with

Full Members (FM)	Affiliate Members (AM)	Individual Members (IM)
<ul style="list-style-type: none"> • Send delegate to GA • Nominate and vote at GA • Each FM = 1 vote • Access to FM section in the website • Listed on website • Certificate 	<ul style="list-style-type: none"> • Send delegate to GA • Speak at GA • Access to AM section in the website • Listed on website 	<ul style="list-style-type: none"> • Access to all programming, resources & networking • Discount for congress and events • Eligibility for awards and honours • Certificate • Access to IM section in the website

full access to the full member section on our website which contains different opportunities such as promoting national conferences, events and educational materials, participate and promote surveys and scientific projects, and advertise vacancies. Full members will be listed on our website and receive a certificate of membership. Affiliate members are eligible to send a delegate to the Assembly that may speak but not vote, they are listed on our website and will have access to the respective section of our website. Individual members will have access to all programming, resources and networking including a new mentorship program for early career professionals and professionals in training, receive a discount for IACAPAP conferences and events and are eligible for awards and honors of the organization. They will have access to the respective section on the website and receive a certificate of membership.

Currently, the membership due structure is being revised in order to achieve a transparent and fair fee structure according to the number of members of our full member organizations and the classification regarding the income of their countries. The fee structure specifically aims to encourage individual professionals from LMIC to become a member of IACAPAP and allows for the

chance to take over social responsibility for members from high-income countries.

Besides these benefits, belonging to IACAPAP offers many more advantages: Connecting globally with other scientists and clinicians, providing and receiving education and information and building on a network that aims at promoting the rights and wellbeing of children and adolescents with mental health problems.

What do you think?

Work is still in progress, and the bureau is highly interested in your opinion: What do you think we should consider to optimize membership benefits? Any ideas are highly appreciated and will be considered in this phase of planning and inspiration. You can send any comments through this [link](#).

Thank you!

We would like to thank our members for their support and trust in our work by having supported the necessary changes of our constitution at the General Assembly held in November 2020. We strongly believe that these changes are an important step for the future for our organization and the important work all of our members provide for children and adolescents in need all over the world.

Child Mental Health in Duhok, Iraq

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Founding Director/ IACAPAP Ambassador, Metin Health House for Child Mental Health, Duhok, Kurdistan Region - Iraq*

BACKGROUND

Since our last report on child mental health in Duhok, Kurdistan region of Iraq (KRI), published in the IACAPAP Bulletin in 2015 (1), the situation of child mental health activities in Duhok has been challenging due to ongoing crises in the region. Among others; the Department of Child Mental Health (CMH) (Figure 1) was abolished from the official academic system since its decommissioning in 2012 due to structural changes at higher political levels to adjust the system to that of the central government in Iraq (2).

Sweden (3). This was under the supervision of Professor Anne-Lise von Knorring at the Uppsala University, and having Professor Per Anders Rydelius from the Karolinska institute in Stockholm as the opponent (also known as external examiner in other systems). Based on the findings, the academic unit CMH was established at the College of Medicine, University of Duhok, to provide local competence in child mental health and Child and Adolescent Psychiatry (CAP) in KRI (4). In the presence of the Head of the Department of Child and Adolescent Psychiatry at the Uppsala University Hospital, Henrik Pelling, the Duhok Governor, Necheervan Ahmad, officially opened CMH during an inauguration ceremony at the Heevi Paediatrics Hospital in Duhok on September 21, 2001. This is a short film from the official inauguration ceremony ([link](#)). Also some pictures from the official inauguration ceremony are shown in (Figure 2).



Figure 1. The emblem of the Department of Child Mental Health at the College of Medicine, University of Duhok, Kurdistan region of Iraq.

Establishment of the Academic Child Mental Health Unit (CMH)

After 10 years of research (1991-2001) investigating child mental health for the first time in Kurdistan, a doctoral thesis was successfully defended on the subject at the Uppsala University in



Figure 2. Official inauguration ceremony of the academic unit Child Mental Health at the Faculty of Medicine, University of Duhok, Kurdistan region of Iraq, September 21, 2001.



In the 10 years following the establishment of CMH (2001 - 2011), a two-years Master education program in CAP was delivered from Uppsala University to paediatricians accepted to the CMH to obtain specialist competence in Child Mental Health and CAP after one year paediatric residency. The Master program was composed of theoretical lectures, practical training in clinical management, obligatory teaching of CAP to fifth years medical students, Community-Based Education courses to the medical staff, psychologists, social workers, and teachers, in addition to a research thesis to be successfully defended at the end of the second year.

To date, 6 paediatricians completed their Masters education at the CMH. They are currently providing child mental health services in significant positions in the Kurdistan Regional Government (KRG) providing the local population with evidence based services which is lacking in other parts of Iraq as well as other developing societies around the world.

Unfortunately, the CMH was closed after structural changes in the higher



education system at the KRG to be in line with the central government in Iraq with no place for CAP as an independent medical speciality (4). Accordingly, the status of child mental health as an independent medical speciality disappeared from the medical curriculum in Duhok (5). However, awareness regarding child mental health continues to expand in the local society despite the concurrent crises in the region.

Currently, all the CAP activities of education, research, and training are integrated in the teaching system of General Psychiatry at the Department of Psychiatry, College of Medicine, Duhok University. No separate education in the subject of CAP or Child Mental Health is

supported by the government at any level. The Master education program competence in CAP is no longer functioning. Furthermore, no PhD education or specific community-based education on this subject is available in the region.

Providing Child Mental Health Services in Duhok

Despite this reality there is a significant clinical need for child mental health services. The chief complains during the first years mainly composed of behavioral disorders impacting families and schools. The existing health system had no suitable services for these patients at the beginning. No social welfare system, institutions, or other alternatives were available, either. Besides, the Master students at the CMH needed clinical cases for training. Also, being an academic unit only for education purposes, the CMH was not allowed to receive clinical visits.

Eventually, a Swedish Non-Governmental Organization (NGO) "Diakonia" independently established the Psycho-Social Education and Training Center (PSETC) inside Duhok to provide mental health services in the region. Attempting to bring expertise from abroad to provide these services proved to be unsuccessful. After an initial confrontation between the PSETC and CMH due to different profiles, an agreement was achieved between the two units. Accordingly, the Diakonia provided logistics and salaries, while the CMH provided education, research, clinical management and supervision. When the Diakonia ceased its financial support to the PSETC, the center was taken over by the Directorate General of

Health in Duhok as a responsible authority at the KRG (Figure 3).



Figure 3. Mental Health Center, the only governmental center taking care of child mental health problems in Duhok governorate.

Establishment of the Metin Health House in Duhok

Both the closure of the academic unit CMH and transferring the PSETC from NGO to the governmental system, downsized the academic capacities and financial support to child mental health services in Duhok. Yet, the needs for child mental health services increased exponentially, particularly services for traumatized and other children with special needs. This need among other factors prompted other child mental health care providers to attempt to improve the quality of services provided. Among others, the private center Metin Health House (MHH) was started in 2008 as a pilot project for prevention and treatment of child mental health problems in Duhok (Figure 4).

In addition to the economic reasons

behind the above mentioned setbacks, a conceptual rationale increasingly emerged regarding the rapid social transition in the Kurdistan region of Iraq due to its liberation after the military removal of the central power in Baghdad when Saddam Husain was defeated by the Western allied forces. The society in Kurdistan suddenly became open towards the external world after being one of the most closed societies in the world, mainly due to generations of neglect as an occupied society. A rapidly increased economic standard was noticed since the establishment of the free zone in part of Iraqi Kurdistan under UN protection in 1991. This positive economic development was accompanied with a traditional leadership emerging from the revolutions in Kurdistan. Gradually increased movements demanding individual freedom emerged, particularly among the young generation. They were confronted with an increased religious and ideological conservatism, and particularly subjected to cruel treatment by the authorities, accusing them of treason as agents for foreign powers (6).

The upraising principles depending on fear, shame and guilt remained as 3 major cornerstones of the pedagogic care of children which resulted among others in development of unhealthy personality. Both the rates of suicide and homicide increased among young girls (7), several religious political parties came to power, and the political leadership favoured traditional values. The result was a rapidly increasing corruption (8) and a violent repression of freedom movements such as the youth revolution (9). A grounded change of values for healthy personality development is needed based on

modern child rearing principles.

First Stage of the Metin Health House

After an initial success of the pilot project, the MHH received land from the government to build up the house based on three main principles; time is Gold, cleanliness is confidence, and personality is the target, the MHH was developed over several stages according to public needs for development of a healthy personality, starting from early childhood. The first stage of the MHH building was opened in 2013 with two departments (Figure 4):



Figure 4. The building of the first stage of the Metin Health House containing two departments; child psychiatry outpatient, and a daycare for preschool children.

1- Department of Investigation and Treatment: An outpatient clinic to provide investigation and treatment for CAMH problems:

Children from birth up to 18 years of age are welcome to visit this department after an appointment is arranged by phone. About 50% of the telephone calls result in advice or referral to other services. When the complaint seems to be related to mental health problems, the child and the caregiver get scheduled with a child psychiatrist. The first meeting usually starts individually

with the visiting child to be followed by the parents to decide together on the next steps. After making a diagnosis, a management plan is “developed”. The individual treatment plan mostly consists of a pedagogic therapeutic program which is applied in collaboration with the Department of Child Development, in addition to parental training or medication according to the needs.

2- Department of Child Development: a day care system for preschool children to be taken care of, trained and educated according to the Swedish model.

Children from one to five years of age are received for day care at this unit, in agreement with the care giver. Special trained teachers are working under supervision of a Kurdish pedagogue developed in Sweden. In addition to helping parents to perform daily tasks, the main purpose is to provide the individual child education to learn through mother language modern values of tolerance, freedom, peace, democracy, human rights, solidarity, dialogue, diversity, justice and equality. No specific religion, ideology, race or ethnicity is favoured over others. A healthy environment is provided to allow healthy personality development.

In collaboration with the parents and other caregivers, the child is received at the day care consisting of up to 6 hours per day. Every individual child receives attention and care according to their unique situation. Children with special needs compose about 10% of the participating children at the day care.

The activities at this day care unit consist of play sessions, group sittings,

and other arrangements according to the individual interest and capacity (Figure 5).



Figure 5. Examples of activities at the Department of Child Development for children 1 - 5 years old.

Among Current Activities at the Metin Health House

Crisis Intervention Program for Children and Adolescents (CIPCA)

When ISIS attacked Shingal in the Kurdistan region of Iraq on 3 August 2014, the population in Duhok doubled in two months due to the mass escape of internally displaced people (IDP). The MHH psychosocial teams visited the IDP camps in and surrounding the city of Duhok to provide a novel Crisis Intervention Program for Children and Adolescent (CIPCA) to prevent posttraumatic psychopathology (1,10). Through Training of Trainers (ToT), 30 health professionals from the Duhok Directorate of Health trained more than 300 IDP teachers to provide CIPCA intervention to 22,000 school children inside the camps. A pilot study showed promising results after one year and two years follow-up (11).



Figure 6. Pictures from CIPCA training courses and intervention sessions provided by the CIPCA teams in Duhok, Sweden and Syria, 2014 - 2019.

In addition to Sweden and KRI, CIPCA training courses also have been conducted in Syria and in Turkey. Currently, a research project has been started in Duhok to find out the effects of CIPCA on children during the Corona crisis. More than 20 physicians and staff members at the Heevi Paediatric

Hospital in the city of Duhok received CIPCA training (Figure 6).

Presenting MHH at International Conferences

The activities of the MHH have been presented in several international conferences both locally in the KRI such as the International Conference of Iraqi Kurdistan Pediatric Society in collaboration with the Union of Arab Pediatric Societies (UAPS) and Iraqi Pediatric Society (Figure 7), and Internationally such as the IACAPAP Conferences in Calgary-Canada in 2016 (Figure 8), and Prague-Czech Republic 2018 (Figure 9), and ESCAP congress in Geneva-Switzerland 2017 (Figure 10).



Figure 7. Presentation of MHH activities at the International Conference of Iraqi Kurdistan



Pediatric Society in collaboration with the Union of Arab Pediatric Societies (UAPS) and Iraqi Pediatric Society, Erbil 1 September 2018.



Figure 8. Presenting the MHH activities at the IACAPAP Conference in Calgary - Canada, 2016



Figure 9. The MHH team from Duhok presenting a CIPCA symposium at the IACAPAP World Conference in Prague - Czech Republic, 23 - 27 July 2018



Figure 10. Presenting CIPCA at the ESCAP Conference in Geneva

Visitors from abroad

Among many visiting delegations from abroad, the MHH received researchers and students from Sweden, England, France, Holland, Scotland and USA. Also the activities of the MHH for survivors of ISIS war attracted attention of international media and organisations to visit the MHH, such as the visit of the Japan Broadcasting Corporation (NHK) (Figure 11), and the Swedish Support Organisation for Children of Kurdistan (Figure 12).



Figure 11. The visit of the media team from the Japan Broadcasting Corporation (NHK) to the MHH activities for the IDP and refugee child survivors from the ISIS war



Figure 12. The visit of the Swedish Support Organisation for Children of Kurdistan to the MHH activities for refugee children from Rojava-Syria

Education Seminars and Public Awareness in Kurdistan

One of the important tasks of the MHH is arrangement of local seminars in subjects related to the mental health issues for children and adolescents. (Figure 13).





Figure 13

Planning the Second Stage of the Metin Health House

Several projects have started to further develop the MHH and its activities. Among others:

Construction of the Second Stage of MHH

Two departments being planned:

1- Department of Healthy Food and Drink: Depending on local resources, this department is being started with regular seminars collecting the interests and local experts to discuss the function and structures of this department. Several seminars have been arranged on different topics and types of food using local products (Figure 14).

Figure 14. Pictures from seminars at the MHH collecting interested people and experts to present and discuss different topics on healthy food and drinks



2- Department of Maternal and Child Mental Care:

Inspired by the Swedish model of maternal and child care, a department was planned to start with the first Stage of the MHH with focus on child mental health starting regular schedule of check-ups from the conception following the child mental health development up to 18 years of age. The aim is to identify risk and protective factors to prevent mental health problems, and to early identify mental health disorders to provide early intervention. However, the plan has been postponed due to the lack of expertise.

Time to Reopen the Academic CMH in Duhok?

A growing idea is to re-establish the academic unit of child mental health at the University of Duhok. Increased resources and growing interest are noticed among the new generation of child mental health professionals. It might be time for inaugurating a professor position for child mental health at the university of Duhok. Currently, both the Head of Department of Psychiatry at the Duhok University, and the Director General of Health in Duhok, are previous Master students at the CMH, they are considerable resources to support this initiative. Besides, international academic support is needed to awake the interest among the local and international organisations and authorities to realise these ideas.

Despite the creativity and scientific base of the MHH, its capacity is limited regarding financial support and marketing. So far, neither the KRG or the central government of Iraq has shown interest to put the MHH among lists of priorities to support. Corruption,

politicisation, and polarisation are further factors hindering these authorities to take responsibility for supporting MHH. International shareholders in the form of states, organisations and individual investors are needed to fill this gap. The MHH is obtaining its scientific base and support through Sweden and other international channels. It is time to strengthen these connections in order to realize the potentials of the MHH.

The healthy climate of Mediterranean in combination with the fertility of Mesopotamia served as the cradle for human civilisation. It is time we build on this rich history to provide the requirements needed for optimal development for individuals and the society.

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The IACAPAP Art Heals the Soul Drawing Contest

By: Jane Chang, Child and Adolescent Psychiatry Division, China Medical University Hospital, Taiwan



The IACAPAP Art Heals the Soul Drawing Contest held on FB from the 15th of September to the 31st of October, 2020.

2020 has been so far a year of unrest. Therefore, the newly-formed IACAPAP Communications Committee (ICC), headed by Dr. Hesham Hamoda, brainstormed to come up with an activity that not only provides children from around the world with an opportunity to participate, but can also provide comfort at the same time. The mission of the ICC is to help increase the visibility of IACAPAP, so that the general public including children will be able to get to know and interact with IACAPAP. Thus, the team came up with “The IACAPAP Art Heals the Soul Drawing Contest.” The IACAPAP Art Heals the Soul Drawing Contest welcome colored drawing submissions based on any of the 4 themes:

1) Life Under COVID-19, 2) What I want to be when I grow up, 3) My family/friends, and 4) Mental health. The drawings were divided by age groups: 1) age <6 years-old, 2) age 6-12 years-old, 3) age 13-17 years-old, and 4) >= 18 years-old. The contest was launched from September 15th to October 31st of 2020 and participants were asked to submit their colored drawings. These drawings were then posted on the [IACAPAP Facebook Page](#) from November 5th to the 15th of 2020 for everyone to see and ‘like’. The drawings with the most likes will be the winners of each age category, and will have the chance to be featured on the covers of future IACAPAP Bulletins including the current one. All participants were

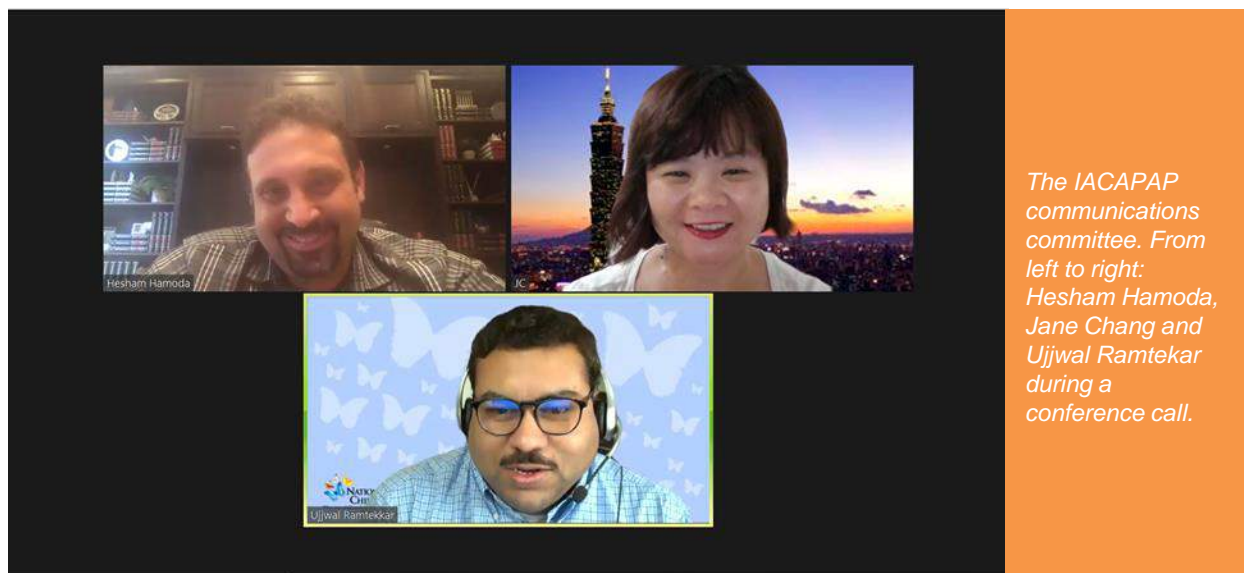
encouraged to invite their family and friends to like their drawings. The aim was not only to share their beautiful drawings but also allow more people to get to know IACAPAP and its work.

A total of 24 entries from 7 countries were received including Brazil, India, Indonesia, North Macedonia, Philippines, Poland and Taiwan. Most of the entries were for the 6-12 years-old category, followed by the < 6 years-old category, then by the 13-17 years-old category and then by the >= 18 years-old category. Moreover, most of the entries were submitted under the Life under Covid-19 theme. The drawings posted on the IACAPAP Facebook page were well-received and received many positive comments and likes, some drawings even went viral!

The winner of the < 6 years-old category is Vibhav from India with the drawing titled “I wish to have a friend like Willy!”. The winner of the 6-12 years-old category is Jessica from Taiwan with the drawing titled “What I want to be when I grow up”.

The winner of the 13-17 years-old category was Sofija from North Macedonia with the drawing titled “Life under Covid-19”. The winner of the >=18 years-old category is Marina from Brazil with the drawing titled “Trying not to go crazy”. Moreover, thanks to the support of the 2020 IACAPAP Virtual Congress Secretariat, all 24 drawings of the Contest were featured during Congress held from December 2nd to the 4th of 2020!

The IACAPAP Art Heals the Soul Drawing Contest not only colored the lives of many of us, it also allowed IACAPAP to be seen by more people around the world. During the period of the contest, The IACAPAP Facebook page welcomed many new members (bringing it to a total of 8000+ members) and the page had a 40-fold increase in viewing. If you haven't checked out the drawings, please do go check it out on the IACAPAP page and like your favorite drawings, I assure you that the 24 colored drawings will definitely brighten up your day!



A Virtual Toast to the HRRS-2019 Family: IACAPAP Congress 2020

By: Grace Eugenia Sameve (Indonesia), Lakshmi Sravanti (India) & Aisha Sanobar Chachar (Pakistan)



Happy faces of HRRS-2019 mentors and fellows

While the “See you in Singapore next year” phrase was expressed to one another at the end of the seminar last year with the expectation to reunite in-person at the conference in 2020, little did we know that the HRRS reunion would happen virtually. Prof Petrus de Vries hosted a lovely virtual cocktail party that was attended by 13 HRRS fellows, and 5 mentors. There was a surprise appearance by Prof Helmut Remschmidt himself who wanted to personally meet all the fellows - given that his absence in Singapore was greatly felt by the fellows last year. Thanks to technology, we were able to catch up while enjoying some sips of the BYO (Bring-Your-Own) drinks together, and even sing a happy birthday song for PA (Prof Per-Anders Rydelius) through the 2-dimensional screen on the 5th of

December 2020. Joining from different parts of the world, no matter what time of the day it was for different people, everyone was equally enthusiastic.

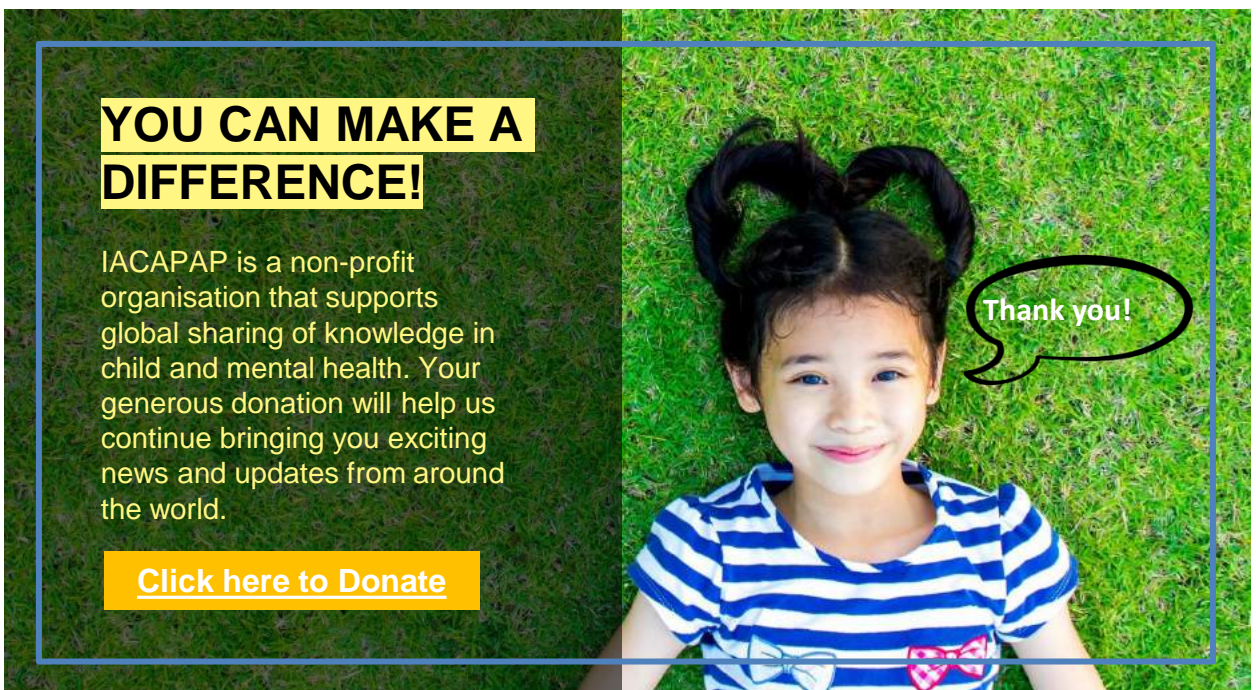
It has been a challenging year for all of us in different ways but, truth be told, many happenings that are worth celebrating have happened too. To sum the fellows’ journeys up, life changing convictions have been acquired and decisions made, numerous academic papers have been published, many achievements have been accomplished, and multiple breakthroughs, collaborations as well as promotions have also been acquired. Graduations, weddings and birth of babies too have been celebrated. To put it in Dr.Fung’s words - “HRRS is indeed a very fertile ground”.

The stories and experiences that the 5 mentors shared are, as always, very inspiring. Their enthusiasm, vision and passion to make things happen is contagious. Interactions with them also instill a sense of purpose and drive that cannot be explained but can only be experienced. Perhaps, it is the “essence” of HRRS fellowship program and we feel fortunate to be a part of this elite family. On top of that, it was an honour to share the same virtual space as Prof Remschmidt and listened to him speak. This turned out to be the icing on the cake. His words will be etched on our memories and we hope to carry his legacy forward.

Even our serious interactions are coupled with fun activities. So this time around, we all played a word-association game (with a twist). Our host, Prof Petrus, asked each of the attendees to

say a “word” that comes to mind in response to ‘HRRS’ - not in a rush but after putting in thought, which was the twist. And here is the list of words that emerged from the attendees - *Decision-making. Hope. Friendship. Enlightening. Inspiration. Pleasure. Networking. Fun. Coping. Safe Haven. Academic Family. Rewarding. Collaboration. Family.*

The session that went on for almost two hours felt like “just-a-few-minutes”. Although virtual, it was indeed a much needed meet that brought cheer to all the faces who attended. Mentors and fellows who could not make it were in everyone’s thoughts and dearly missed. We all hope that we will be able to meet in person soon again. While we may have met as strangers 16 months ago, we stay connected and grow together as a family and watch out: this is just the beginning!



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25th Annual Adolescent Psychiatry Symposium in Turkey

*By: Füsün Çetin Çuhadaroğlu, M.D., Professor of Child and Adolescent Psychiatry, Hacettepe Univ. School of Medicine, Ankara, Turkey
Councilor, IACAPAP*



A small group from the Adolescent Psychiatry Committee of the Turkish Association for CAP celebrating the 25th anniversary of the Annual Adolescent Symposium

We have been organizing this symposium for a quarter of a century. The annual Adolescent Symposia were started by the Turkish Association for CAP after the establishment of the Adolescent Committee within the Association in 1995, and the first symposium was organized in İstanbul in 1996. These annual meetings are organized to increase the awareness and knowledge of psychiatrists,

psychologists and allied professionals about the mental health needs of adolescents and developmental issues, psychological problems and psychiatric disorders during this phase of life.

Due to the pandemic, the symposium was conducted online on the 7th of November, 2020, and the celebration of our 25th organization of this meeting was celebrated on Zoom with a small group of organizers gathering to cut a cake.

This year, the theme of the Adolescent Symposium was 'Adolescents between Life and Death'. An opening lecture with the title of the theme by F. Çuhadaroğlu was followed by a session of oral presentations where three researches evaluating the effects of covid infection and the pandemic conditions on adolescents were presented: one in an outpatient clinic by A. Arman et al, the other in an inpatient setting by E. Tasgın et al, and the third was among a group with eating disorders by K. Nalbant et al.

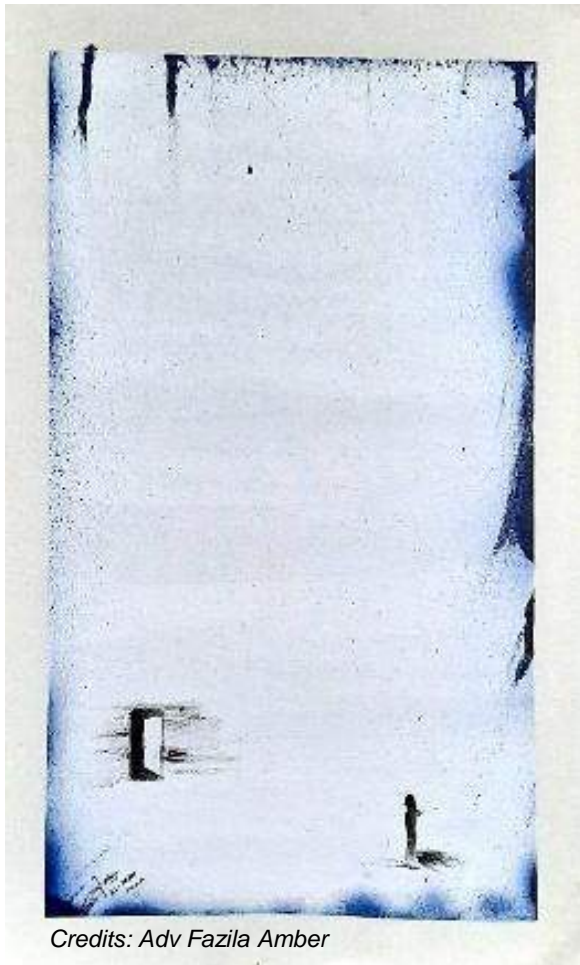
The regular three-day program was shortened this year for our first-time virtual symposium. There were about 250 attendees and we all had a good experience of a virtual meeting with lively discussions and sharing of experiences regarding the effects of the pandemic.

“Just when I have all the right cards, everyone else started playing chess”

“Just when I have all the right cards, everyone else started playing chess”:

A 2020 Reflection from Pakistan

By: Dr. Aisha Sanober Chachar, MBBS FCPS (Psychiatry), Clinical Fellowship, Child & Adolescent Psychiatry (Aga Khan University), Consultant Child and Adolescent Psychiatrist, Medical Director at Alleviate Addiction Suffering (AAS) Trust, Pakistan, Helmut Remschint Research Seminar Fellow, 2019



Credits: Adv Fazila Amber

In June 2020, I graduated from the only Child and Adolescent Psychiatry Fellowship Program in Pakistan. With the demanding nature of the program, I dedicated my last six months of fellowship for faculty position interviews. Least I knew was that we would be hit by a global pandemic that would challenge our entire reality. Even though we like to believe that the current crisis can bring in opportunities for personal and professional growth, difficulties for some may outweigh these benefits. Especially for trainees who were about to graduate in June 2020, this has been a particularly challenging time. My sister tried to capture my struggle and painted a symbol of hope for me.

In a HBR article by David Kessler; [That Discomfort You're Feeling Is Grief](#), Kessler talked about this profoundly insightful phenomenon happening in these times; collective grief in the air, anticipatory grief, collective loss of safety, stages of grief and acceptance, open-ended nature of the pandemic, acknowledging the feeling, and fear of gang of feelings. To me it sounded like a Pre-Traumatic Stress Disorder, living with an apprehension of upcoming trauma, every-day, in every mundane task we do, even in our capacity to relate as a human. I believe, at a collective level, this terror feels like almost regressing to our early

“With 2020 ending, I aim to narrate my reflections and share a holistic journey of my experience.”

developmental stage where we have lost the comprehension of the universality of death, simultaneously forced to confront the inevitability and generous inclusiveness of death for everyone regardless of their age, gender, class or citizenship. We emerge from a social-relational matrix. When we are forced to go into isolation, we have immense difficulty with coming to terms with the trauma of loneliness; situation that in a subtle way rob us from the absolutism of daily life.

The COVID Pandemic in no time has collectively given us a reality check and here we are perplexed; it is happening to us!! All our reassuring narratives and stories that soothed us have been questioned. Our reality has been questioned. Truth came very abruptly. The things we took for granted are now no more reliable. The belief that we had in the world, our naive realism or in some cases optimism has been taking away and we are terrified. Death was a distant entity. The truth of our mortality, our vulnerability, our feeble existence in the face of this adversity. Reminds me of something I read years ago: *‘just when I have all the right cards, everyone else started playing chess’*. We thought we had figured it all out.

Uncertainties around career stability, co-leading online Balint groups, working from home (WFH), zoom meetings, coming home from clinical duties with an added worry of protecting my elderly parent, increasing academic pressure to be productive, writing papers, generating data, are few stressors to name. The use of PPE and switching to teleclinics remained a challenge to protect the therapeutic alliance. In some of my

inpatient consult encounters, I could sense the subtleties and nuanced change of dynamics while using PPE. Teleclinics raised the concerns around decorum of online consultations, ethical guidelines, especially the unease I felt around confidentiality during online sessions.

I fully acknowledge that in the acute phase, an outbreak can understandably instill fear. Although personal reactions may differ, constant worry about the possibility of acquiring a disease can profoundly modify daily life. To cope up with the situation, I penned down a reflection on [Fear of Death](#), [Quaranteen with my Teen nephew](#), doctors as [soldiers](#), [death anxiety](#) among psychiatry trainees. I also co-created resources like practical tips of COVID-19 survivors; home, [Urdu](#) Translation of IACAPAP resource REMEMBER, and much more.

Additionally, with the influx of media interview requests, I reflected on my role as a medical professional and how it differs from the role of a journalist or a commentator. Regardless of what roles we play in health care delivery, when we use our medical knowledge and professional values that affect the care and well-being of clinical populations, we are functioning within the sphere of our profession. It is incredible how a clinician's conduct affects not only the general population but also one's medical colleagues or their affiliated institutions even when they fulfill roles that do not involve direct patient care provision.

Lessons learnt throughout this ongoing crisis are profound and we must be careful what we aim to achieve by the time this Pandemic ends: a stable

“Just when I have all the right cards, everyone else started playing chess”

healthcare system or a resilient one. The former means one crisis is over; there is no damage to our system, whereas the later implies a profound sense of adaptability and growth once it is all over. Clinical teams are stressed out, and it is only the harmony at the workplace that could take us forward. Selfcare is paramount, and what I have seen is that positive support and humor with colleagues give the strength to do the work we have to do.

There is one more truth that we cannot deny: by the end of this crisis, we will evolve in different ways. There will be an

evolution, but would it be a growth or adaptation, is up-to us. Our ancestors have faced this. History tells us that we have survived such outbreaks. This realization does not pacify the suffering but nudges the complacency we have been in. Now that we have all collectively been thrown into this, we can either use the opportunity to evolve or lose it.

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Established in 2007, *CAPMH* is owned and published by BMC, part of Springer Nature. It covers all the latest research in the field and its content gets over 45,000 accesses each month.

BMC is seeking to appoint two Editors-in-Chief to succeed Professor Joerg M Fegert, the founding Editor of *CAPMH*. The newly appointed Editors-in-Chief will have full editorial responsibility for the content published in the journal and for ensuring that the ethos, editorial standards, policies and scope of *CAPMH* are maintained. They will also be responsible for providing strategic guidance and overseeing the commissioning of non-research content. BMC is seeking to increase diversity of editorial boards. Therefore, we encourage joint applications of gender diverse teams ideally from different continents including different professional backgrounds (i.e. child and adolescent psychiatry and psychology).

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Term of appointment

The term of office will be for five years, with an option for renewal by mutual consent for a further five years.

Applications

Further details regarding the role and a detailed job description can be obtained by contacting Sara Ho, Senior Journal Development Editor, at sara.ho@biomedcentral.com

Individual and joint applications will be considered. Applications should include a full CV, a letter explaining your interest in the post, and an outline of what your editorial policy and vision might be. Applications should be sent to Sara Ho, at sara.ho@biomedcentral.com

Closing date for applications

31st December 2020

Interviews and start date

Interviews will be held from early 2021, with a start date on the 1st November 2021.

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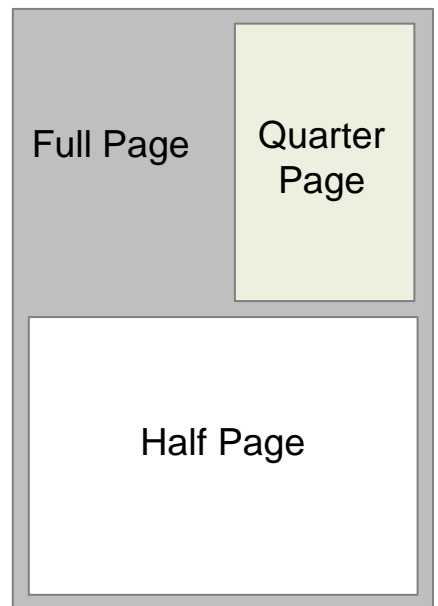
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