

*By Boshao, Taiwan, age category 13 to 17Y, Explore Taiwan's Monument*

## President's Message

I want to take the chance to share with you the exciting progress that our Association made from March, the time of our last Bulletin, to June.. The Bureau was able to finish, as expected, the Strategic Plan for this term, which will be shared with the IACAPAP Executive Committee in our meeting on July 1st.

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## President's Message

By: Professor Luis Augusto Rohde, Professor, Department of Psychiatry, Federal University of Rio Grande do Sul, Director, ADHD Program, Hospital de Clínicas de Porto Alegre, Brazil

Dear colleague,

I want to take the chance to share with you the exciting progress that our Association made from March, the time of our last Bulletin, to June. The Bureau was able to finish, as expected, the Strategic Plan for this term, which will be shared with the IACAPAP Executive Committee in our meeting on July 1st. It is important to highlight, as mentioned in the previous Bulletin that we are not “reinventing the wheel”. We will continue endorsing and pursuing several of the goals and initiatives proposed by the previous Bureau in their strategic vision for IACAPAP. I invite you to visit our web page (<https://iacapap.org/about/about-iacapap.html>) to find the full version and send us your comments and suggestions through our institutional e-mail - [info@iacapap.org](mailto:info@iacapap.org). This will be available after the IACAPAP Executive Committee meeting revision in the first week of July. We do not have editorial space for going through all the documents, but I would like to call your attention to one aspect: our IACAPAP Strategic Goals for the 2023-2026 term. They are 1) Catalyse joint initiatives with other organisations to improve child and adolescent mental health awareness and evidence-based care globally; 2) Support leadership and



*Luis Augusto Rohde*  
IACAPAP President

advocacy in child and adolescent mental health for national organisations and individual professionals; 3) Strengthening global training and professional development in child and adolescent mental health; 4) Creating a global child and adolescent mental health ecosystem across culture and language.

A second achievement of the period, strongly correlated with our strategic goals, was that we were able to sign a Memorandum of Understanding (MOU) with the Child Mind Institute (CMI) regarding their global child mental health programs. Thus, we now have the guidelines and principles that will govern our partnership to design and develop a series of initiatives that have the potential

to substantially impact our field. Indeed, we are beginning to design a first potential area of cooperation, the creation of a "Global Standard for Child and Adolescent Mental Health: A Multidimensional, Culturally Sensitive, and Open-Access Approach". Expect to hear more about this initiative in the near future.

Third, we were able to move something that was stuck in IACAPAP for at least 15 years. We will proceed with having a core professional conference organizer (PCO) for IACAPAP, at least for our term, leaving the door open for the next Bureau to revisit the decision or to extend the partnership. Thus, we revised CPO Hanser and C-IN proposals and decided to sign the contract with CPO Hanser based on cost-effectiveness analyses of the proposed business models. This was done in the middle of June. Thus, IACAPAP, for the first time in its history, will have a core PCO. As a result of this decision, we had a joint meeting with Professor Marcel Romanos (President of the German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, DGKJP) and CPO Hanser, defining Germany as the host of the 2026 IACAPAP congress. This meeting also counted with the participation of Prof. Tobias Banaschewski, who kindly agreed to be one of the German leading forces for this meeting.

Fourth, we had the celebration of World Infant, Child and Adolescent Mental Health Day (WICAMHD) on April 23rd. We promoted a successful webinar coordinated by our past president,

Professor Daniel Fung, in partnership with the World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP), the World Association for Infant Mental Health (WAIMH) and the International Society of Adolescent Psychiatry and Psychology (ISAPP). This year's motto was "Stand Against Infant, Child & Adolescent Trauma". Several national associations have promoted related initiatives in the week before and after the day ([see more in this bulletin](#)).



Fifth, things are also moving smoothly for the preparation of our next World Congress of Child and Adolescent Psychiatry and Allied Professions that will take place in Rio in 2024 ([see more details in this bulletin](#) and at <https://www.iacapap2024.com/ingles/index.php>). The registration is already open, and the scientific committee already selected some plenary speakers. We had over 50 applications for the Helmut Remschmidt Research Seminar (HRRS2023) from young CAMH professionals worldwide. The seminar is always in the year before the Congress. This edition will take place in Campos do Jordão, a mountain area close to São Paulo, next September. The meeting is

being very well-prepared under the leadership of Professors Petrus Vries and Christina Schwenck to receive the 15 already selected applicants from 11 countries and 4 continents.

As highlighted, the auditable goals proposed in the previous bulletin were mostly achieved. Since nothing is perfect in life, we were not able to have a meeting between the Bureau and IACAPAP Full and Affiliate Members in the first semester of 2023 to receive suggestions. I apologize for this, and we will work to have it during the next semester.

The auditable goals up to the next bulletin will be:

1) Already have had a meeting between the Bureau and IACAPAP Full and Affiliate members to receive suggestions, or have it scheduled for a date in the second semester;

- 2) Have the first joint initiative with the CMI/SNF Global Center for Child and Adolescent Mental Health in place with an initial involvement of IACAPAP members;
- 3) Have a preliminary program for the World Congress of Child and Adolescent Psychiatry and Allied Professions delineated and the final line-up of plenary speakers defined;
- 4) Have the Helmut Remschmidt Research Seminar 2023 (HRRS2023) conducted.

I hope you all enjoy reading our Bulletin.

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2022

## Join Our Membership

We welcome interested individuals to become Individual Member of IACAPAP.

Contact us  
[info@iacapap.org](mailto:info@iacapap.org)



# Leading Child Mental Health Organisations Call for Global Action Against Infant, Child and Adolescent Trauma

SINGAPORE - Media OutReach - 30 May 2023 - Research has shown that most mental disorders develop in childhood and adolescence before the age of 25, with one-quarter of years lived by young people with disability due to mental and substance use disorders.

To address this pressing concerns and mobilise global efforts, the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), International Society for Adolescent Psychiatry and Psychology (ISAPP), World Association for Infant Mental Health (WAIMH), and World Psychiatric Association Child and Adolescent Psychiatry (WPA-CAP) have jointly declared April 23 as the World Infant, Child and Adolescent Mental Health Day (WICAMHD).

This year witnessed the second annual WICAMHD event under the theme of Stand Against Infant, Child and Adolescent Trauma.

Children and adolescents form one third of the world's population. Childhood and adolescence are foundational years characterised by growth, learning and carefree exploration. However, many around the world are inflicted by trauma and crises - adverse experiences which research has shown to have long-lasting

effects on their mental and physical well-being.

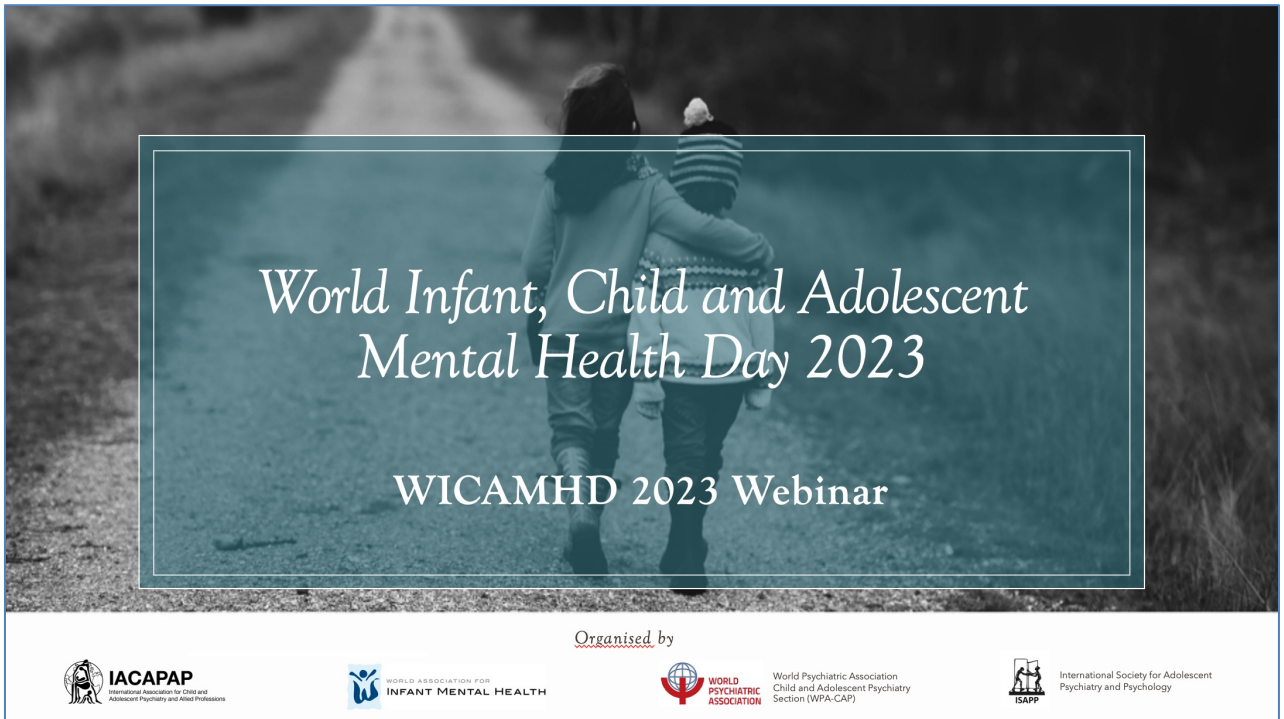
Studies also show that about 15 percent to 43 percent of girls and 14 percent to 43 percent of boys experience at least one traumatic experience.

Adverse Childhood Experiences (ACEs) are also contributing factors in the development of mental disorders in adult years. The indirect and compounding effects of this is a ballooning economic burden on societies, especially in the areas of healthcare and productivity loss.

Children in war zones and natural disasters are particularly vulnerable. During the second annual WICAMHD event, three renowned speakers shared their expertise on childhood trauma.

Dr Dennis Ougrin, Consultant Child and Adolescent Psychiatrist, Visiting Professor of Child and Adolescent Psychiatry and Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London discussed the impacts of the war in Ukraine.





Dr Fusun Cetin Cuhadaroglu, Professor of Child and Adolescent Psychiatry, Hacettepe University Faculty of Medicine, Ankara, Turkey presented on the traumatising effects of the recent



*World Infant, Child and Adolescent  
Mental Health Day 2023*

WICAMHD 2023 Webinar

Organised by

 IACAPAP  
International Association of Child and Adolescent Psychiatry and Allied Professions
  WORLD ASSOCIATION FOR  
INFANT MENTAL HEALTH
  WORLD  
PSYCHIATRIC  
ASSOCIATION
 World Psychiatric Association  
Child and Adolescent Psychiatry  
Section (WPA-CAP)
  ISAPP
 International Society for Adolescent  
Psychiatry and Psychology

earthquake in Turkey.

Finally, Dr Michelle Miller, Director of Mental Health Programs, National Children's Alliance, United States highlighted evidence-based response for children subjected to trauma. This was followed by a panel discussion.

In addition to the main event, several national organisations held events and advocacy efforts commemorating WICAMHD.

These include the Indian Association for Child and Adolescent Mental Health

(IACAM), the Lithuanian Society of Child and Adolescent Psychiatry (LVPPD), the American Academy of Child and Adolescent Psychiatry (AACAP), the Austrian Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (ASCAP) and the Section of Child and Adolescent Psychiatry, College of Psychiatrists, Academy of Medicine, Singapore (SCAP).

A recording of the event can be viewed at  
<https://www.youtube.com/watch?v=ZoOu7tm9oQU>

## About the organisations

### INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP)



# IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) mission is to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research.

For more information, visit: <https://iacapap.org/>

### INTERNATIONAL SOCIETY OF ADOLESCENT PSYCHIATRY AND PSYCHOLOGY (ISAPP)



International Society for Adolescent Psychiatry and Psychology (ISAPP) is an organization established to work for the mental health of adolescents, and it is comprised of individual members devoted to working with adolescents, either in the field of child psychiatry and psychology or adult psychiatry and psychology.

The International Society for Adolescent Psychiatry and Psychology's (ISAPP) mission is to increase public and

professional awareness about the mental health and development of adolescents all around the world.

For more information, visit: <http://www.isapp.org/>

### WORLD ASSOCIATION FOR INFANT MENTAL HEALTH (WAIMH)



WORLD ASSOCIATION FOR INFANT MENTAL HEALTH

The World Association for Infant Mental Health (WAIMH) is a not-for-profit organization for scientific and educational professionals. WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations and generating and disseminating scientific knowledge.

WAIMH's mission promotes education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers.

For more information, visit: <https://waimh.org/>



## WORLD PSYCHIATRIC ASSOCIATION CHILD AND ADOLESCENT PSYCHIATRY SECTION (WPA-CAP)



The World Psychiatric Association Child and Adolescent Psychiatry (WPA-CAP) section supports the overall mission and goals of the WPA in:

- Working with its members and partners around the world to promote child and adolescent mental health and to encourage the highest possible standards of clinical practice and ethical behaviour in child and adolescent psychiatry.

- Contributing to education programs and research, meetings, and publications to increase knowledge about child and adolescent mental disorders and skills in addressing them.
- Disseminating knowledge about evidence-based therapy and values-based practice in child and adolescent psychiatry.
- Being a voice for the dignity and human rights of young patients and their families.
- Upholding the rights of the child and adolescent psychiatrists where they may be challenged.

For more information, visit:

<https://www.wpanet.org/child-adolescent-psychiatry>

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## 26<sup>th</sup> WORLD CONGRESS OF IACAPAP IS NOW OPEN FOR REGISTRATION

Rio de Janeiro | May 20-24, 2024 |  
Windsor Oceânico Hotel

For the first time in Latin America, the event will take place from May 20 to 24, 2024, at the Windsor Oceanico Hotel in the marvelous city of Rio de Janeiro, Brazil.

With the central theme “Child Development, Mental Health Challenges, and the Future of Nations”, an extensive and high-quality scientific program is being prepared to engage professionals interested in childhood and adolescent mental health from around the world.

The 26<sup>th</sup> World Congress of IACAPAP will be a unique opportunity to exchange experiences, updates and formulate proposals, always aiming for the best for our children and adolescents.

### STAY TUNE

Dates for the submission of symposiums and posters will be announced soon.

[REGISTER NOW](#)

[WWW.IACAPAP2024.COM](http://WWW.IACAPAP2024.COM)



## Shaping our Futures: DJCFP 2022

By: Yvorn Aswad, Brown University, Department of Psychiatry and Human Behavior, Program in Pediatrics, Psychiatry, and Child and Adolescent Psychiatry. Providence, RI.

G. Nduku Wambua, Vrije Universiteit Amsterdam, Department of Clinical, Neuro and Developmental Psychology

Mireia Solerdelcoll , Department of Child and Adolescent Psychiatry and Psychology, Institute of Neuroscience, Hospital Clínic de Barcelona, Barcelona, Spain

It is a unique time to be a trainee in child and adolescent mental health. For many of us, most of our training time has been overshadowed by the Covid-19 pandemic. And whereas we are focused as people of service to think about the ways in which the pandemic has negatively impacted the mental health of the communities we serve, we don't often get to consider how the pandemic has altered and changed us in our profession. It seemed at times that the greatest impact of the pandemic when it relates to mental health is that it took from us the feeling that we can predict the future without any uncertainty.

And so, it was fitting that as Donald J. Cohen Fellows for 2022, the theme of the World Congress was "Shaping the Future." Gathering fellows from around the world in person on the heels of the pandemic was a meaningful and intentional affirmation of the power of connectedness and community after such a long period of lock down and isolation.

Seventeen fellows from our year represented every major region of the IACAPAP and all parts of the globe. Under the tutelage of our mentors (themselves all alumni of the Donald J Cohen Fellowship Program (DJCFP) who have gone on to have illustrious careers), we not only talked about clinical and research issues, but we spent time developing ourselves. We shared our stories. We shared our aspirations. And we were validated in the knowledge that we can create and collaborate to change systems that really bring life into our communities and local contexts.

The DJCFP included small group discussions by geographic location and led by mentors, we were free to discuss any topic that concerned us and present our work at the congress. Some of the topics shared were: finding a healthy work-life balance, how to improve the mental health of children and adolescents in our community, and how to deal with really difficult situations of



DJCFP 2022  
Fellow and  
Mentors -  
Group Photo



DJCFP Reunion's Group Photo

lack of child and adolescent psychiatrists. By sharing experiences and thoughts, we had stimulating, inspiring, uplifting and supportive encounters, making challenges a little easier and creating allies.

Toward the end of our time as fellows, we had a departure dinner boat ride in the Dubai Marina and the congress chair, Dr. Ammar Albanna joined us. He shared that he himself was once a Donald J. Cohen Fellow. He told us that during his time as a fellow, in his workshops, he began to lay out the plan of creating comprehensive child and adolescent mental health services for Dubai and the larger United Arab Emirates. We were then privileged to see the manifestation of his dreams at the Al Jalila Children's hospital. It was through the support of IACAPAP mentors, the camaraderie of fellow young leaders, and the power of

solidarity - of seeing yourself as a part of collective - that he dared to shape the future.

Coming out of the week of the DJCFP at IACAPAP was energizing and rejuvenating. From connecting over breakfasts, to running to catch the morning bus, to staying up late watching the world cup, we as young trainees in our beloved profession started to shake off the slump of the pandemic. We started again to feel the hope that comes when you have faith and can walk confidently knowing that you are not alone.

We are thankful for the Donald J Cohen Fellowship and are fully walking in our purpose of being able to just add our small part of positivity to the future.

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DJCFP 2022 Dinner -  
Group Photo



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

Visit [www.iacapap2024.com](http://www.iacapap2024.com) for more information.

# The 11th ASCAPAP Congress in Kyoto, Japan: Broadening Perspectives on CAMH - New Frontiers of Research and Practice in Asia

By: Yukiko Kano MD, PhD, Department of Child Neuropsychiatry, Graduate School of Medicine, The University of Tokyo and Department of Child Psychiatry, The University of Tokyo Hospital

The 11th Congress of The Asian Society for Child and Adolescent Psychiatry (ASCAPAP 2023) was held at the Kyoto International Conference Center from Friday, May 26 to Sunday, May 28, 2023.

An interesting fact in the history of ASCAPAP is that the 12th IACAPAP Congress was held in July 1990 at the same venue as this congress, and in which many participants from Asian countries and regions expressed their wish to discuss the state of children's mental health from the perspective of Asian traditions, culture, economy, politics, etc. In response to this request, ASCAPAP was established in 1996 and its first congress was held in Tokyo. Starting with Japan, ASCAPAP congresses have been held in 10 countries and regions to date, promoting child and adolescent mental health (CAMH) activities throughout Asia as well as in the host countries. To further deepen the activities based on the accumulated experience as part of the second phase of ASCAPAP's evolution, a new chapter was to start with a congress to be held in Kyoto, Japan, in 2021. However, due to the COVID-19 pandemic, it became difficult to hold the congress on site. Since the establishment

of ASCAPAP, we have been emphasizing the importance of going to the host country and region and interacting face to face, while experiencing the traditions and culture there, so instead of holding the congress online in 2021, we decided to postpone it to 2023.

The ASCAPAP 2023 Congress was thus held with 572 participants from 18 countries and regions, making it the largest ASCAPAP congress to date. In addition to Australia, which joined ASCAPAP this year, there were participants from other countries (including the president of the American Academy for Child and Adolescent Psychiatry (AACAP), Dr Warren YK Ng), indicating that interest in CAMH in Asia is growing internationally.

At the opening ceremony, the ASCAPAP Contribution Award was presented to Dr. Kosuke Yamazaki, who was devoted to the establishment of ASCAPAP and contributed to the development of CAMH in Asia, including Japan, as the first Secretary General for a long time. Unfortunately, Dr Yamazaki passed away suddenly in March of this year, so his memory was shared by the second to



ASCAPAP EC Member on May 25, 2023

fourth ASCAPAP presidents who had worked with him in the establishment and development of ASCAPAP.

The program included 4 special lectures, 12 plenary lectures, 38 symposia, 25 research topics (oral presentations by middle- and young-career researchers introducing their own research), and 1 media theatre. All of them were highly fruitful presentations. The symposium topics were diverse, focusing not only on diagnosis and intervention, but also on epidemiology, neuropsychology and neuroimaging, and even animal models. While a significant proportion of the topics were found to address neurodevelopmental disorders such as autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and Tourette syndrome, there were also several on the broader CAMH. Some addressed trauma and attachment. Several were related to

Three former presidents (Dr. Hong (South Korea), Dr. Song (Taiwan), and Dr. Banaag (Philippines)) and a current vice president (Dr. Ono) sharing their memories of Dr. Yamazaki

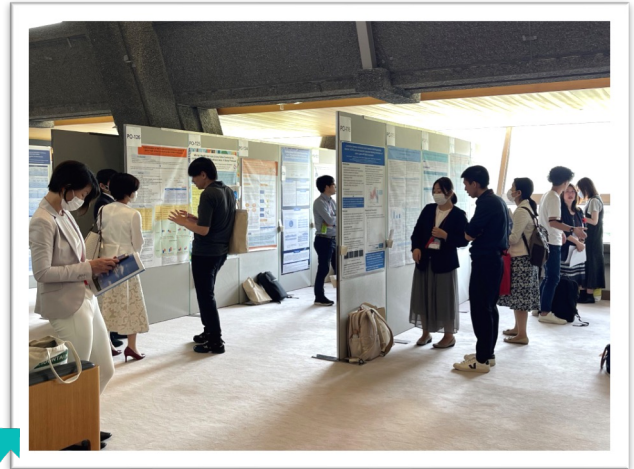




interventions involving parents and training of CAMH personnel. Several were related to artificial intelligence (AI) and COVID-19, which are receiving a lot of attention in society.

The conference attendees also had a chance to enjoy themselves and participated in social activities, including the conference party with traditional Japanese folklore.

Among the presentations, the Country and Region Reports were the most characteristic of ASCAPAP. Under the theme "Child and adolescent mental health in countries and regions organising ASCAPAP: through the COVID-19 pandemic", presentations were made by 12 countries and regions (Cambodia, China, Hong Kong, India, Indonesia, Japan, Malaysia, Philippines, Singapore, South Korea, Taiwan, and Thailand) in 160 minutes.



*Part of the Poster Session*

Through COVID-19, participants were able to deepen their understanding of the similarities and differences in CAMH in Asian countries and regions. In addition, a large number of posters (150) were submitted. Because of the large number of excellent presentations, poster awards were presented to 32 participants, and the poster awarding at the closing ceremony was a lively occasion.



*Conference party with a Japanese traditional dancer*



*Presenters of the Country and Region Reports*

At the closing ceremony, Dr Panom Ketumarn, President of ASCAPAP, handed over the ASCAPAP token to Dr. Takashi Okada, Congress Chair of ASCAPAP 2023, who will be President until the end of the 12th ASCAPAP Congress. Dr Okada also presented a delicate bamboo basket with a flower design to Dr Keun-Ah Cheon, who is replacing Dr Bung-Nyun Kim, Congress Chair of the 12th ASCAPAP Congress, as a handover of Congress operations. She

then introduced the upcoming congress to be held in Korea in 2025, and ASCAPAP 2023 Congress was closed with a pledge to meet again in Korea.

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# Taking Collaboration to New Heights: A Memorandum of Understanding (MOU) between IACAPAP and ASCAPAP

By: Yukiko Kano MD, PhD, Department of Child Neuropsychiatry, Graduate School of Medicine, The University of Tokyo and Department of Child Psychiatry, The University of Tokyo Hospital

On May 25, a day before [ASCAPAP 2023 Congress](#), a Memorandum of Understanding (MOU) was signed into effect by Dr Daniel Fung Shuen Sheng, former president of IACAPAP, acting on behalf of Dr Luis Augusto Rohde, current president of IACAPAP, and Dr Panom Ketumarn, current president of ASCAPAP.

The MOU was proposed by Dr Fung in the fall of 2020, but needed to be

reviewed and approved at the ASCAPAP EC meeting. The EC meeting, held on the occasion of the ASCAPAP Congress, was not held after 2019 because the Congress was postponed due to COVID-19 pandemic. The MOU was unanimously approved by the EC members. However, since electronic voting had not yet been stipulated in ASCAPAP, the MOU was formally approved and signed at the EC meeting just before the ASCAPAP 2023 Congress.



From left to right: Dr Daniel Fung, Dr Yukiko Kano and Dr. Panom Ketumarn.



*From left to right: Dr Daniel Fung, Dr Yukiko Kano and Dr Panom Ketumarn*

In the MOU, IACAPAP and ASCAPAP agree that they intend to establish a joint partnership in the area of mutual sharing in educational congresses and the development of joint papers on mental health policy and cultural issues.

The conclusion of this MOU is a milestone for both IACAPAP and ASCAPAP at a time when ASCAPAP 2023 Congress, the largest and most active exchange to date, was held and further development of ASCAPAP is expected. This MOU will open new horizons for collaboration and serve as a model for other organisations working on advancing CAMH around the globe.

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# Obituary

## Dr Kosuke Yamazaki

Born in Hokkaido, Japan on Dec 1, 1937, died on Apr 21, 2023

By: Yukiko Kano MD, PhD, Department of Child Neuropsychiatry, Graduate School of Medicine, The University of Tokyo and Department of Child Psychiatry, The University of Tokyo Hospital

Dr Kosuke Yamazaki, a Japanese child psychiatrist who had long been involved in IACAPAP activities and was working internationally, passed away on April 21 this year.

Dr Yamazaki was born in Hokkaido, Japan on December 1, 1937. After graduating from Hokkaido University School of Medicine in 1962, he worked in Hokkaido gaining experience as a psychiatrist and then as a child psychiatrist. He then served as a professor in the Department of Psychiatry, Tokai University School of Medicine from 1982 to 2003.

In Japan, he played a leading role in both clinical practice and research as a specialist in developmental disorders, especially autism.

He was also involved in administration of The Japanese Society for Child and Adolescent Psychiatry (JSCAP) as a Director from 1975 to 2003, and served as President of JSCAP from 1997 to 2003. Notable among his activities related to academic societies was his service as Secretary General of the 12th IACAPAP

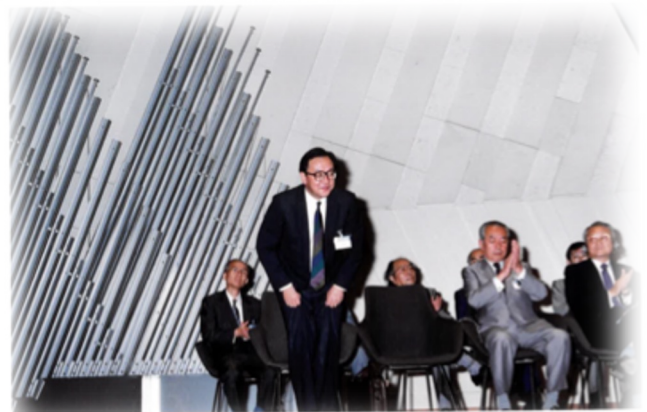


Photo at the 12<sup>th</sup> IACAPAP Congress in 1990

Congress held in Kyoto, Japan in July 1990. Dr Yamazaki vigorously negotiated with domestic and foreign officials for the IACAPAP Congress to be held for the first time in Japan and in Asia. As a result, the 12th IACAPAP Congress became a place of rich exchange with approximately 1,400 participants from 41 countries. In recognition of these international activities, he served as Vice President (1994 - 1996; 1998 - 2004), Secretary-General (1996-1998), and Counsellor (2004-2006) of IACAPAP.



Photo at the 12<sup>th</sup> IACAPAP Congress in 1990

His involvement in establishment of The Asian Society for Child and Adolescent Psychiatry (ASCAPAP) and serving as its first Secretary-General is also notable.

Unfortunately, Dr Yamazaki passed away just before the 11th ASCAPAP Congress which was held in Kyoto in May of this year, but we feel strongly that we must continue to work toward better mental health for children and adolescents in Japan, Asia, and the world by following in his footsteps.

We sincerely pray for the peace of Dr Yamazaki's soul.

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## 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 Jun 2023 issue of IACAPAP Bulletin summarises the following three studies recently published in CAPMH - Maternal weight, gut microbiota, and the association with early childhood behavior: the PREOBE follow-up study (Nieto-Ruiz et al., 2023), Work-family interface and children's mental health: a systematic review (Bilodeau et al., 2023) and Home-based brain-computer interface attention training program for attention deficit hyperactivity disorder: a feasibility trial (Lim et al., 2023).

Research | [Open Access](#) | [Published: 21 March 2023](#)

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### Maternal weight, gut microbiota, and the association with early childhood behavior: the PREOBE follow-up study

[Ana Nieto-Ruiz](#), [Tomás Cerdó](#), [Belén Jordano](#), [Francisco J. Torres-Espínola](#), [Mireia Escudero-Marín](#), [María García-Ricobaraza](#), [Mercedes G. Bermúdez](#), [José A. García-Santos](#), [Antonio Suárez](#) & [Cristina Campoy](#) 

[Child and Adolescent Psychiatry and Mental Health](#) **17**, Article number: 41 (2023) | [Cite this article](#)

Nieto-Ruiz et al., (2023) discuss in detail the adverse influence of higher body mass index (BMI) and obesity in prepregnancy and pregnancy on maternal and fetal outcomes and child health and development especially in the first three years of life. They set out to evaluate the impact of preconceptional maternal BMI and/or gestational diabetes mellitus (GDM) on child behavior at 3.5 years old and study the possible influence of early gut microbiota composition and functionality and

breastfeeding. It is a follow-up of the PREOBE study (Berglund et al., 2016).

The authors recruit 331 pregnant women aged 18 - 25 years between 2008 and 2012. They assign them to one of the three groups: 1. normoweight ( $18.5 \leq \text{BMI} < 25$ ),  $n = 71$ ; 2. overweight ( $25 \leq \text{BMI} < 30$ ),  $n = 45$ ; and 3. Obese ( $\text{BMI} \geq 30$ ,  $n = 40$ ) based on their prepregnancy BMI. They collect baseline and background characteristics of the women and their offspring using questionnaires

and medical records and an expert pediatrician interviews mothers at three months of age about infant diet, which was categorized as breastfeeding, formula feeding or mixed feeding. They extract genomic deoxyribonucleic acid (DNA) from the fecal bacteria of infants ( $n = 64$ ) at 18 months of age. Parents complete the Child Behavior Checklist for Ages 1-5 (CBCL) (Spanish validated version) when their children are 3.5 years old. The team evaluates the differences in CBCL scores among the three PREOBE groups using an analysis of variance (ANOVA) or Kruskal–Wallis rank-sum test for nonnormal continuous variables and a chi-square or Fisher's test for categorical variables. They perform a univariate analysis of variance to determine differences according to the development of GDM.

The team reports that children born to overweight mothers showed higher scores in anxiety ( $p = 0.027$ ) and total problems ( $p = 0.039$ ) than children born to normoweight mothers, although significance was lost after adjustment for confounders (weight gain during pregnancy, maternal educational level and maternal IQ). Additionally, children born to obese mothers with GDM presented higher scores in aggressive behavior ( $p = 0.008$ ) and oppositional defiant problems ( $p = 0.004$ ) than the children born to obese mothers without GDM. They note that a higher maternal pregestational BMI was associated with higher anxiety ( $r_s = 0.321$ ;  $p = 0.003$ ), internalizing ( $r_s = 0.291$ ;  $p = 0.006$ ), externalizing ( $r_s = 0.255$ ;  $p = 0.018$ ) and total problems ( $r_s = 0.217$ ;  $p = 0.045$ ) in

their children at 3.5 years old only in the group of children who were breastfed during their first 3 months of life. They also report that *Fusicatenibacter* abundance found at 18 months of age was associated to lower scores in total, internalizing and pervasive developmental problems, while an unidentified genus within Clostridiales and Flavonifractor families abundance showed a positive correlation with anxiety/depression and somatic complaints, respectively. They detect a positive correlation between Actinobacteria and somatic complaints, Fusobacteria and withdrawn behavior and Fusobacteria and pervasive developmental problems in their analysis of the gut microbiota composition of children at 18 months born to obese/overweight mothers who were exclusively breastfed during the first 3 months of life.

The authors mention the study's longitudinal design as its significant strength that allowed for long-term monitoring. They acknowledge its limitations, such as the small sample size and the absence of data on the mother's mental health status, stress, anxiety, depression, and other variables like diet or socioeconomic status. They conclude that maternal overweight/obesity, particularly with gestational diabetes, is linked to increased behavior problems in offspring and early gut microbiota, feeding practices, and maternal factors also play a significant role. They suggest further research to understand the underlying mechanisms.

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# Work-family interface and children's mental health: a systematic review

[Jaunathan Bilodeau](#), [Maya Mikutra-Cencora](#) & [Amélie Quesnel-Vallée](#) 

*Child and Adolescent Psychiatry and Mental Health* **17**, Article number: 45 (2023) | [Cite this article](#)

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Bilodeau et al., (2023) highlight the need to study the relationship between the work-family interface and the mental health of children of employed parents. They describe the two facets of the work-family interface: work-family conflict (WFC) and work-family enrichment (WFE) and hypothesize the mechanisms in which they can impact the mental health of children in the context of the pandemic.

The authors consider all studies published through June 2022 across 7 databases, including MEDLINE, PubMed, Web of Science, PsycINFO, SocIndex, Embase, and Scopus. Two authors of the study conduct an independent assessment of abstracts and titles by using COVIDENCE and select set of texts based on full reading. A third author resolves the conflicts in both phases. They identify 4,146 studies in their initial search, 25 of which met the inclusion and exclusion criteria. They assess quality of studies using a modified Newcastle-Ottawa scale and extract data using a predefined grid. They use I square (I<sup>2</sup>) statistic to evaluate the level of heterogeneity and synthesize data qualitatively to present the results narratively.

The team reports mixed evidence on links of WFC (n = 37) with adverse child psychological outcomes, with an equal number of positive associations (n = 18) and associations showing no effect (n = 18). They note a difference in the links of specific outcomes to work-family conflict, with a larger amount of associations showing adverse effects on internalizing behaviours (n=10; seven positive associations and three associations showing no effects) compared to externalizing behaviours (n=10; three positive associations and seven associations showing no effects). They suggest that the links to child mental health do not vary according to parental sex. Their data indicates that mediators such as parenting style or quality of relationship with the child (n=11) and parental mental health (n=3) have significant effects: for parenting characteristics, nine positive associations and two associations showing no effects; and for parental mental health, three positive associations. Their analysis of associations between work-family enrichment and child adverse psychological outcomes (n = 13) shows an opposite direction to work-family conflict, with no evidence of adverse

effects (n = 0 for positive associations) and four negative associations (i.e. showing that work-family enrichment decreases child adverse psychological outcomes). Their results on WFE do not vary according to the type of outcome: externalizing or internalizing. They note that WFE among mothers than fathers seems to have a greater beneficial association with child mental health. Additionally, the team reports that parenting characteristics most often served as a potential mediator of WFE effects on child mental health.

The authors acknowledge the limitations of their study: low or intermediate quality of identified studies hindering result validity, and the inability to conduct a meta-analysis due to data heterogeneity. They also mention that due to limited studies on WFE it was difficult to assess its impact adequately. They conclude that the work-family interface impacts child mental health, both positively and negatively and suggest future studies to consider potential social and economic inequalities.

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## Home-based brain–computer interface attention training program for attention deficit hyperactivity disorder: a feasibility trial

[Choon Guan Lim](#) , [Chui Pin Soh](#), [Shernice Shi Yun Lim](#), [Daniel Shuen Sheng Fung](#), [Cuntai Guan](#) & [Tih-Shih Lee](#)

*Child and Adolescent Psychiatry and Mental Health* 17, Article number: 15 (2023) | [Cite this article](#)

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Lim et al., (2023) describe a brain-computer interface (BCI)-based attention training program to improve Attention deficit hyperactivity disorder (ADHD) symptoms. They conduct a single-centre, outcome-assessor blinded, parallel-group study (2019 to 2021) to test the feasibility and safety of delivering newly developed tablet-version of the BCI intervention at the child's home without on-site support from any therapist.

The team recruits 20 children (6-12 years; 16 boys and 4 girls) diagnosed with ADHD. The participants undergo 24 BCI training sessions over a period of 8 weeks. They do not receive any psychosocial treatment or behavioural intervention while on the trial, and none of them had a history of receiving brain-computer interface or neurofeedback intervention. The research team randomly assigns to either the clinic-based group or the home-based group. A study administrator briefs and guides parents through the set-up procedure at the baseline visit (week 1) and team members follow-up via phone calls on week 3, 5 and 7 to check on the progress of the home-based program. The team

programmed the game software such that the homebased group received the same amount of training per week as those in the clinic-based group. They administer ADHD Rating Scale and Child Behaviour Checklist (CBCL) at baseline (week 1) and post-intervention (week 8) to assess for treatment outcomes. The clinician rates the child based on the Children's Global Assessment Scale (CGAS) and the Clinical Global Impressions Scale (CGI) during teleconsultations. They use non-parametric tests (two-tailed and at a 5% level of significance) to analyse the data.

The authors report that all participants except one completed the minimum of 20 BCI sessions within 8 weeks and two participants (10%), one from each treatment group, could not complete all 24 sessions owing to scheduling difficulties. They note that the participant from the home-based group missed 13 sessions (54%) despite periodic reminder calls to the parent and the participant from the clinic-based group missed 4 sessions (17%) as the parent had difficulties finding a person to accompany the child to the clinic due to

work commitments. They report that two parents (20%) from the home-based group experienced some difficulties with setting up the game tablet and headset, however none of the children reported the same issue. In addition, 80% of the parents found that their child could undergo the BCI training with little to no supervision. They note that two (10%) participants reported experiencing an adverse event after completing the sessions - one indicated feeling mildly fatigued after playing the game, another reported that the child's pre-existing vocal tics were more frequent on days that the game was played. The team records that the mean change (improvement) of inattentive symptom scores on clinician-rated and parent-rated ADHD-RS, were not significantly different between home-based [Mchange = 3.2 (clinician-rated); Mchange = 3.0 (parent-rated)] and clinic-based [Mchange = 3.9 (clinician-rated); Mchange = 1.8 (parent-rated)] groups.

The authors conclude that the tablet-based BCI attention training program can be safely delivered at home, providing an additional treatment option for ADHD without straining clinic resources and benefiting preschool-aged children. They allude to limitations of the small pilot trial: participants were likely more motivated and had milder ADHD symptoms, lack of blinding, inadequate power to evaluate clinical efficacy, absence of control for past interventions and reliance on reminder calls. The team suggests further clinical trials to establish therapeutic efficacy of BCI-based interventions, compare it with

placebo and also explore its applications for other psychiatric and neurodevelopmental conditions.

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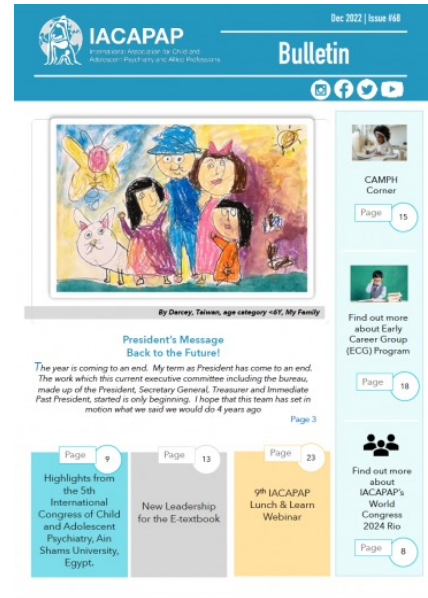
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