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IACAPAP President's Message - June 2020

The Sound of Music: Giving Voice to our Children

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



IACAPAP President Dr Daniel Fung

In these surreal times, as I sat down to pen my message for the next 3 months, I pondered on what that message should be about. My original plan for this year was to systematically take us through the aims and objectives of IACAPAP and what we should do in trying to approach these aims strategically from a long-term perspective. These would sandwich the June issue to focus on our biennial World Congress which would be celebrated in Singapore, itself celebrating its 50 years of child psychiatry and matched by a cycling event around our tiny island (similar to what the AACAP was doing with their Break the Cycle campaign).

The COVID 19 pandemic gave me pause. It disrupted all the planning that our team had done. We scrambled to infection proof our services and braced ourselves for the rise of infected cases. In Singapore, we survived the first wave of infections coming from China relatively unscathed, however the second wave of infections was relentless creating outbreaks in various hotspots. The government moved the country into lockdown like many other cities around the world. Everything came to a standstill. Things slowed down yet moved quickly. Infection control measures were in full tilt. Business as usual became unusual. A new normal settled in. A new way of doing things. When we saw patients, we were both masked up. The therapeutic alliance was hampered by new barriers.

“Business as usual became unusual. A new normal settled in. A new way of doing things. When we saw patients, we were both masked up. The therapeutic alliance was hampered by new barriers.”

Then came the fears of an emotional epidemic driven by the anxiety and isolation with a looming economic recession. IACAPAP was reeling from these but we persevered, not just endured this lull. If there was to be a storm, we were prepared to ride it out. In fact, members responded to various calls to give voice, fly our masts and

speak about child and adolescent mental health. My heart was warmed by the clarity of thought, careful consideration of circumstances and willingness to sacrifice time and effort across the world. These gave me hope and inspired me to think of our role in advocacy.

Child advocacy is traditionally focused on protecting children from abuse. This often focuses on physical protection. However, emotional resilience is just as important. Archbishop Desmond Tutu was attributed as saying “There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.” Advocacy does not have to be just creating awareness or making public statements. Advocacy is about giving a voice when it is hard to hear or that voices get drowned out by a whole lot of competing noises. I like to think of it as a form of providing support to children needing help, educating everyone, and creating a platform to share what we believe in. In child and adolescent mental health, we are faced with several challenges. Children, especially younger ones, often do need a voice louder than their own. Their issues are often clouded by the concerns of the families and communities they live in. Sometimes, there are political challenges to their needs as they have no political power and cannot vote. Then there is the problem of stigma and children’s mental illnesses though common and treatable often do not get adequate early attention.

How can we in IACAPAP help? How have we done it in the past. We have a long list of statements and declarations

“Advocacy does not have to be just creating awareness or making public statements. Advocacy is about giving a voice when it is hard to hear or that voices get drowned out by a whole lot of competing noises.”

on our website (iacapap.org/declarations-statements/).

Are these useful? We could just as well make these statements in the WHO general assembly as a WHO affiliated NGO, which we have. But what was the outcome? I think public statements are important stands that we can make but these need to be followed up with concrete actions. These then need discussion and planning followed by implementation. Advocacy means that we must start speaking to governments and spending time with policy makers to implement what needs to be done. IACAPAP has national associations as part of its membership and each association has a role for the country it represents. Some countries have more than one member. I know that in Singapore, the government often comes to our College (of Psychiatrists) for issues regarding mental illnesses and practice. If we all use this platform, we will be giving our children the voice they need. IACAPAP itself can support this effort by providing international relevance and amplify this voice even further. Like the songs, we all sing in unison on YouTube stating solidarity and support in the pandemic, we can sing with a single voice the importance of child and adolescent mental health and how it can be treated in every continent around the world.

*“What happens when the COVID-19 pandemic puts a damper on a world congress?
We go digital!”*

[Check out the programme here!](#)

The 24th World Congress of IACAPAP 2020 will now take place in the virtual world, tentatively planned for 2-4 December 2020 with details being finalised. In addition to the virtual 24th World Congress of IACAPAP 2020, there will be a complimentary webinar on 20 July 2020 (Singapore time 1900 – 2100 hrs, GMT +8) where a panel of experts will be discussing the impact of COVID-19 on child and adolescent mental health and care delivery. Webinar registration is FREE but virtual seats are limited! For registration details and information on the webinar and virtual conference, visit www.iacapap2020.org.



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COVID-19 and Child Mental Health Around The World

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Read stories from
Bangladesh, Brazil,
Canada, Lithuania,
Spain, Turkey, Ukraine
and USA.



Challenges in the provision of mental health care to children and adolescents during the COVID-19 pandemic in Ukraine

By: Dmytro Martsenkovskyi^{1,2} and Igor Martsenkovsky²

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The current pandemic of COVID-19 and its burden on the health care system as a whole, has posed a challenge for children's mental health care system in Ukraine.

Ukraine, like other countries around the world, experienced challenges associated with the pandemic and quarantine restrictions. One of these challenges is a significant decrease in access to mental health care that was associated with the need for physical distancing. As a result of quarantine requirements, most of the community-based psychiatric facilities were closed, while existing inpatient units admitted only patients with urgent conditions. According to the Association of Psychiatrists in Ukraine, more than 75% of patients lost access to mental health care.

Ukraine has a highly centralized mental health care system. The majority of mental health care units for children are part of huge psychiatric hospitals. This meant that many children with mental disorders and COVID-19 were not able to receive the appropriate care. Infectious disease units didn't admit patients with significant mental health impairment, while child psychiatric units were unable to admit them as well due to the lack of specialized equipment and staff.

“Infectious disease units didn't admit patients with significant mental health impairment, while child psychiatric units were unable to admit them as well due to the lack of specialized equipment and staff.”

The need for physical distancing led to the rapid utilization of telepsychiatry around the world, and Ukraine was no exception. However, the availability and quality of offered care were not always enough to satisfy the needs. Adolescents often could not seek help online because they were in the same room with their caregivers. That posed a significant challenge, particularly in cases of family abuse and neglect. For these children, some services were provided via online messenger platforms.

Due to quarantine, many children with special needs, especially those with pervasive developmental disorders, lost access to their specialized school support programs. At the same time, distance learning could not provide the type of support they needed.

Through the pandemic we observed significant changes in consultation requests. There was a significant increase in requests from children's multidisciplinary hospitals for cases of suicide attempts, severe self-harming behavior, and psychotic disorders. Additionally, there was a significant increase in the requests for parent behavioral training sessions and CBT sessions for children with ADHD.

We hypothesize that the significant increase in the severity of suicidal and self-harming behavior may be the result of a combination of factors. First, parents were afraid of exposure to COVID-19 and preferred not to seek assistance immediately. This was also complicated by insufficient online therapeutic resources. Secondly, during the quarantine children lost the ability to go to school and meet with their peers that is a significant protective factor. Thirdly, many children were exposed to domestic violence and abuse and were locked down with their perpetrators. Additionally, this all occurred at the same time where mental health care services were being reformed, which resulted in the temporary or permanent closure of outpatient psychiatric facilities.

The increase in requests for assistance for children with ADHD coincided with a shortage of needed medication. As a result, their parents were searching for all possible alternative forms of

assistance. Due to legal limitations, a lot of medications that are widely used for the treatment of ADHD, tic disorders, epilepsy, and others are not available in the Ukrainian market and parents would obtain such medicines from abroad. As a result of the border lockdown and travel restrictions, many of these children were no longer able to obtain their medications, significantly impacting their conditions.

Another urgent problem is the provision of mental health care for children with war-related PTSD. Many of them are still living in the war-affected regions and having difficulties with access to schools and medical facilities. These children received most of their care from international volunteer organizations that had to suspend the provision of assistance as a result of quarantine restrictions.

Besides the COVID-19 crisis, Ukraine today is in the process of very painful reforms in the field of medical care provision. Driven by cost control measures, medical institutions needed to reduce their medical staffing. Mental health care was one of the areas that became severely underfunded, which resulted in the closing of psychiatric facilities in different regions of Ukraine.



Medical personnel and patient organizations protesting the significant decrease in funding of the biggest psychiatric hospital in Ukraine (photo by O.Shevchuk, Kyiv, Ukraine).



Medical staff protest against the destruction of psychiatry in Ukraine (photo by M.Starytska, Lviv, Ukraine).

“Mental health care was one of the areas that became severely underfunded, which resulted in the closing of psychiatric facilities in different regions of Ukraine.”

While the COVID-19 pandemic resulted in increased psychological distress and need for specialized mental health care, the number of practicing child psychiatrists is rapidly decreasing. At the same time, primary care doctors are not ready to fill in the gap. Child psychiatry and healthcare, in general, was never the priority. The consequences of this shortcoming will be felt for decades to come.

Experiences Regarding Covid- 19 Pandemic in Brazil

By: Thiago Gatti Pianca, Psiquiatra da Infância e Adolescência, Serviço de Psiquiatria da Infância e Adolescência, Hospital de Clínicas de Porto Alegre

As just about everything that happens in Brazil, the impact of covid-19 upon our children has to be analyzed considering one fundamental fact: Brazil is a country plagued by severe social inequality.

Despite the federal government not officially supporting social isolation as a mean to contain the damage of the viral spread, most Brazilian states and the media have strongly recommended it, to the point that most people will try to stay at home if they can do so. For high income families, this means that children won't go to their private schools (as is the norm for those families). Private schools face two big threats right now: that the current year won't count for progression of their students, and that the parents might eventually decide that they are not receiving enough benefit for

the money they spend, and can cancel their kids' enrollment. Therefore, those schools are trying really hard to deliver classes through online meetings, videos and requesting extra homework from their students. This is eventually leading to overburdening these students, who sometimes have to dedicate almost double the time to finish their studies while spending excessive time on screens and reducing their exercising.

However, the situation is even harder for lower income families. They have less means to cope with it, not only because most of the parents need to keep working in order to have enough money, but also because they usually won't have the same access to media and internet. Most of those homes can't afford a dedicated internet connection,



and their mobile data plans won't last more than a few minutes worth of online video classroom. So, most public schools won't have a plan on how to address this, and those children will probably miss most of their educational content for this year. On top of that, until recently, the Ministry of Education was reluctant to postpone the National Examinations (a qualification exam to enter College, which is similar to the SAT tests), creating fear among those teenagers that would be even further handicapped this year.

As if this wasn't enough, another old issue shows its most cruel and violent face for the most unfortunate children. On May 18th, Pedro Mattos, a 14 year old black adolescent was shot by the police while playing with his cousins in his house, in Rio de Janeiro. The cops were supposedly chasing after a drug dealer, and entered his house shooting. This kind of situation is, unfortunately,

very common here in Brazil, to the point that they won't be mentioned in the news much.

In Brazil, even social isolation is not safe if you happen to live under the wrong social condition or have a different skin color. As I write this article, I am still shocked by the death of another child, named Miguel, two days earlier. Miguel was a 5-year-old black boy, who went to work with his mother, a housemaid who kept working even during the pandemic. While his mother was out of her employer's luxury apartment to walk the dog, the employer who was supposed to look after Miguel, put him in the building elevator alone. The boy ended up falling from the 9th floor of that building, while he was trying to find his mother.

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COVID-19 and Children Mental Health in Lithuania – Notes of a Child/Adolescent Psychiatrist

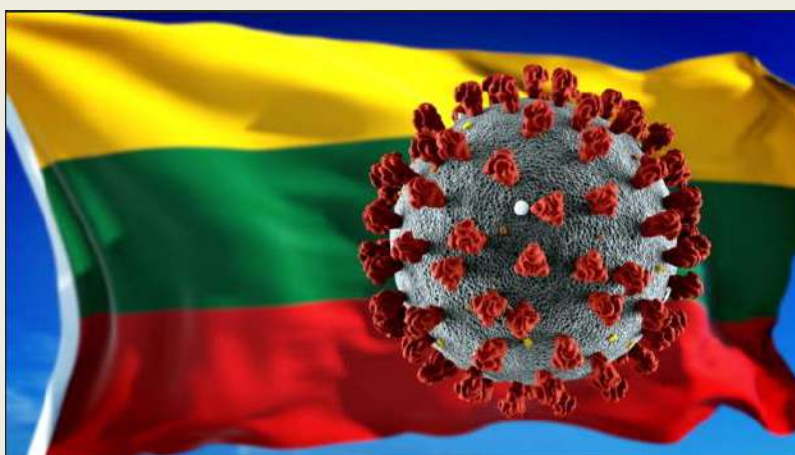
By: Sigita Lesinskiene, Head of Clinic of Psychiatry, Institute of Clinical Medicine Faculty of Medicine, Vilnius University, Lithuania

Introduction

Lithuania is a small but beautiful country in central-eastern Europe, close to the Baltic sea, with a beautiful nature, but the most archaic language and painful history for centuries. On a positive note, 30 years ago, Lithuania was the first country that bravely initiated and fought to successfully get out from the Soviet Union. Our society is still recovering from soviet occupation, sometimes quite easy, occasionally stuck, occasionally mysterious. To note, Child mental health services, paediatrics, and child and adolescent psychiatry services have long traditions, international cooperation and generally comprise a biopsychosocial paradigm that is still in the process of the implementation to clinical practice.

Virus shake

COVID-19 pandemic was totally new and unexpected to all countries and societies worldwide. Now quarantine in Lithuania has ended on June 16th, and people agree that all phases and processes have gone successfully. Regardless of the political debates, people in Lithuania have mobilised, actively followed epidemiological and hygiene recommendations, and self-isolation rules that have helped to manage the crisis. We are now starting to think more about the processes and



impact of the pandemic on various sectors. I would like to share with my colleagues some preliminary thoughts from the perspective of a child / adolescent psychiatrist.

Some positive notes:

1. In media and social networks, there was a significant interest on how to relax, meditate, stay positive, how to build good family relationships by spending much more time in the home environment, and how to work and organise learning for children from home. People were sharing recipes, suggestions, opinions and demonstrated empathy to each others situation. A number of volunteering initiatives have organised many opportunities to get not only respirators and medical equipment, but also to get psychological help. Recognition of the importance of mental health has increased.
2. In Lithuania, this current year (2020)

was announced as the children's emotional well-being year.

3. There were many debates on how the medical field is working. Generally, a higher respect to doctors and a better understanding of their very demanding and risky work has been noticed.
4. During the quarantine, primary mental health centres have organised their clinical work to provide remote services. This situation revealed the need of a new legislation, regulation and a better administration of online service provisions. The Ministry of Health is familiar with evidence-based data on remote service development, online and social networking interventions, mobile health monitoring applications, and is now planning to develop this field.

Some negative notes:

1. Gradually people became tired of the anxious, unstable, uncertain and dangerous situation with so many restrictions, the economic problems, and the isolation and fear to contaminate others. People are scared to become seriously ill and die. People are afraid to infect older people in their families (e.g., parents, grandparents), and to visit them. There is a huge demand to adapt and change according to the challenging situation. Increasing rates of domestic violence have been registered.
2. Criminal statistics have also increased. Painful discussions about emigrants in a very little country have been activated again.

3. Children and adolescents are spending more time with computers and mobile devices. The risk of inappropriate and dangerous activities, including internet games with lots of cruelty and violence have increased, together with the threat to become addicted to the internet and networks.
4. Not all the parents have enough time and competencies to regulate the internet use of their children and to implement preventative strategies. Other parents underestimate the dangers of internet use.

Suggestions:

1. To organise international training seminars for mental health practitioners, in order to increase their understanding about the impact of internet use on mental health. This field is developing rapidly, and clinicians have to update their knowledge.
2. More research in this area is also very needed.

Personal sharing:

I have started my clinical work providing outpatient consultations after the quarantine started in the middle of May. Many families were talking about difficulties to regulate and plan internet use for their children. One day I met two boys that, in the context of getting angry and frustrated, they texted their mothers "die, die, die!" (many lines repeating the word, using the same style and design).

When I saw the screenshot from the mother of the second boy, I immediately considered the possibility of a specific video game (e.g., Fortnite) impacting on

these two boys. I noticed the worrying effect of inappropriate intensive games on these children’s mental health; their tendency to wipe away important ethical boundaries, and to disrupt their self-regulatory skills. Both mothers confirmed that their sons were playing internet games very intensively, although these mothers didn’t know much about the details or nature of these games. Both were totally shocked by getting so many “Die” written down by their sons. It was challenging to construct a therapeutic

intervention without knowing the nature of the game and its specific features. But we succeeded at least to agree on the necessity of self-regulation of the content of internet use, and to play and incorporate other day activities outside internet use, including more physical and self-expression activities. Summarising, children mental health and internet use is a topic that deserves further investigation and exploration.



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<https://iacapap.org/resources-for-covid-19/>

Online CAP Services in Bangladesh During COVID-19 Pandemic

By: Sifat E Syed, Assistant Profesor of Psychiatry, BSMMU, Dhaka, Bangladesh



Few translated materials on child mental health available in Government website

In Bangladesh, the first case of COVID-19 was identified on 8th March 2020; schools were closed from 17th March 2020, and the countrywide went to lockdown on 26th March 2020. To date, confirmed cases are more than 66000 and more than 900 confirmed deaths are due to COVID-19. Numbers are increasing rapidly after lockdown was partially lifted on June 1st.

This completely new situation in Bangladesh is taking a high toll on the mental health of the population. Particularly, children and adolescents are having a difficult time. They are homebound, with schools closed and exams postponed for an indefinite period. Children cannot go to play, cannot talk to their friends and cannot find the answer when it will end.

The anxiety and stress among the parents have been transmitted to their children, which is making it worse.

During this pandemic, child psychiatric services in Bangladesh have been mostly online. In my institution (BSMMU), there is a virtual Out Patient Department where we sit in front of a computer; our patients call and get service for free. The National Institute of Mental Health (NIMH) are providing both online and offline services. Different organizations, like the Bangladesh Association of Psychiatrists (BAP) and the Bangladesh Association for Child and Adolescent Mental Health (BACAMH), came up with a list of Psychiatrists who are giving free telemedicine services for children and adolescents. The Ministry of Women and

Children Affairs, the Department of Psychology from University of Dhaka and the Social Workers Association also opened their help lines for free service.

From these telemedicine help lines, psychiatrists are getting a lot of calls from parents regarding the psychological symptoms of their children. Children and adolescents are becoming sad, anxious, bored and sometimes angry. Younger children are becoming very clingy to their mothers. Most of the children are not following any routine at home, and they are spending a huge time watching TV, playing video games or using digital devices. Parents are struggling to manage children with neurodevelopmental disorders at home and are getting depressed. Some children with pre-existing psychiatric disorder are deteriorating. When parents are getting infected with COVID-19, they are going for isolation and their children cannot deal with the absence of their parents. Telemedicine services are providing explanation and assurance to parents, prescriptions for children,

counseling for both parents and children alike, and overall guidelines on how they will survive this pandemic.

Awareness and advocacy activities are running simultaneously. Many templates and guidelines are created and made available in websites of Government and Non-government organizations. BACAMH have created some guidelines for parents and for children with special needs, and some other guidelines by WHO and IACAPAP have also been translated. In addition, UNICEF have translated a storybook on COVID-19 for children. The Directorate General of Health Services (DGHS) have adopted these materials, which are now available in their website.

Individual efforts from mental health experts are noticeable, with writing articles online, live webinars, and Facebook live posts that promote child mental health during COVID-19. Parents are joining these online sessions; they ask questions or express their own worries and get a live answer from a specialist.



Psychiatrists of Bangladesh in Television, Facebook and Radio talking about mental health during COVID-19

Many private organizations, like BRAC, ICDDR, Moner bondhu, and Bot Tola have taken online initiatives supporting child mental health. Few online agencies, like Hello Doctor, Moner Doktor, Athena, Pulse healthcare, and Olwel have started online video consultation services by specialist doctors.

Few challenges are faced during online Child and Adolescent Psychiatric (CAP) services. It is difficult to understand the full context of a child through a camera and to do a complete assessment. Inability to do examinations and investigations makes it harder, and many children are referred to nearby hospitals. Our residents of MD-Child and Adolescent Psychiatry are taking online classes and exams, however seeing fewer patients will reduce their clinical skills.

Nevertheless, there are opportunities that need to be mentioned. As most of CAP services in Bangladesh were

previously city based, many patients could not seek help due to physical distance or lack of transport. This has now changed, as many people have internet and smart phones and are getting used to video calls. There are new trends in research too. Individuals and different organizations are doing online surveys, focusing on CAMHS and getting a rapid answer from respondents.

During this pandemic, everyone is afraid to go out to seek health services due to the fear of getting infected. The online Child and Adolescent Psychiatry service in Bangladesh has created an opportunity for parents to get the service from their home. Though it has some limitations, efforts of mental health professionals are hugely appreciated by general people and authorities.

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Challenges during the Covid-19 Pandemic in Spain and Houston. Coping with chaos, moving forward.

By: César Soutullo MD, PhD¹, Azucena Díez-Suárez MD, PhD^{2,3}, Cecilia Hernández-González MD⁴

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It is difficult to describe how you feel when you see your home country devastated due a pandemic, with business and factories closed, empty streets, people on mandatory 24-hours curfew, a State of Emergency declared, and overcrowded Emergency Rooms, ICU's and morgues.

Spain, with a population of 47 million inhabitants, is one of the countries with the highest number of COVID-19 cases and deaths per million inhabitants. At the time of writing this article, we had 5,110 diagnosed cases per million inhabitants in Spain, and 5,753 in the USA. In Spain, the death rate was growing so fast that funeral homes could no longer cope. They had to "store" bodies at the Ice Skating Stadium in Madrid, also known as "The Ice Palace".

In a matter of days we had gone through all the stages of grief and loss due to Covid-19 pandemic. From an initial "denial and isolation" phase ("it will not happen here"), to a second "anger" phase, where we were trying to find out who was to blame. Then the bargaining phase, we tried to reassure ourselves thinking "the virus is only lethal if you are

too old, or suffer from poor physical health". Then, reached the "depression" phase (it's here, and I am not doing enough), and finally we will reach the "acceptance" phase.

One thing that helped was to see our peers via Teleconference, and attend lectures on how people actually cope. I recommend Dr Faraz's **Small gestures, Little victories** (1) to focus on small day to day achievements. Also Dr Keenmond's LinkedIn article (2), on the guilt some psychiatry clinicians may experience as they think they are not doing enough, as we are not in the ICU's, and the "**hero**" **complex** that makes you forget you should also take care of yourself.

In the US, a mom told me during a Clinic visit that people were crowding supermarkets, hoarding toilet paper, rice, spaghetti, beans "we've got lots at home!" the child said. Some stores run out of guns "just in case". A child who had seen her own father dying of COVID-19 and who was depressed and refusing to eat was too terrified of leaving her house to go to an appointment. Some other kids had

enrolled in dangerous online habits, and started playing the “Momo Challenge”. Telemedicine appointments showed families with disorganized day-to-day habits; in their pajamas at the middle of the day, personal hygiene was not a priority. I had Telemedicine visits while patients were at work, shopping, driving (“mom, can you please park?”) and even Telephonic visits in the bathroom, as I could hear the toilet flush...total chaos. Some parents attended the Telemedicine visit with the whole family in front of the computer, as if it was a TV show, forget confidentiality laws.

In Spain citizens were on mandatory 24 hour curfew, only essential workers were allowed to go to work. The rest of the population could only leave their (many times too small) house if they needed to go to the pharmacy or to the nearest grocery store, and at the risk of getting a huge fine or a detention. By contrast, citizens were allowed to walk their dogs and to take the garbage out, so some people abused the system to walk miles away from their homes.

The Spanish Government did allow people with Autistic Spectrum disorders (ASD) to take walks with their parents. However, some of them got infected and had to be hospitalized with their own parents. Some of these parents got subsequently infected by COVID-19 and some of these parents finally died, leaving their own children alone.

After being isolated at home for eight weeks, the longest period in Europe, some of us talked to the Spanish Pediatric Association (AEP) in order to write a petition to the Spanish Government, so that children could take short walks. A document from the AEP was finally submitted to the Spanish

Government, who eventually allowed children under the age of 14 to go out during designated and limited periods of time during the day (3).

In Spain, all schools and Universities closed on March 11th. Kids and young people started to receive mail with school assignments and enrolled in online teaching. However, these children required constant parental supervision, which was difficult to give as their parents had also to work from home to keep their jobs. As a result, school assignments started piling up, and both children and their parents got frustrated.

At the time of writing this report, children in Spain are still not able to go out and enjoy the outdoors freely. They are not allowed to see their grandparents, some of whom have sadly died due to COVID-19, some others are too scared of getting infected during a second wave. Children are missing their schools and their friends; they are just desperate to go back to their previous lives. Some have begged their own parents “Mum, can we see our school?”.

Anyhow, we need not just to move on, and forget but to “move forward” whilst carrying all the memories and experiences from the pandemic. That is, not forgetting and moving on, but keep all what you learnt and incorporate in your “self”. Like when you lose a loved one. You keep the moments you share. Like when you are an immigrant in a foreign country or culture, or when you leave your parent’s home. You carry your past, childhood experiences, roots, values, and cultural background. However, when you return to your own country, or your parent’s home, you never come back to the same place, because that place has changed. As



Photo: Pablo Lobato de Enciso

Heraclitus stated, “No man ever steps in the same river twice, for it’s not the same river and he’s not the same man”. The waters are constantly running.

We shall never forget the loved ones we lost due to COVID-19 and the part of our life we lost: moments with our families, that trip that had to be cancelled... We will keep all these “golden moments” as memories for the rest of our lives.

References & Resources

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Canada's Experience with Covid-19 and CAMH

By:

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How Child and Adolescent Psychiatry has Changed in Toronto Post COVID-19 (by Raj Rasasingham)

COVID-19 has had a significant impact around the world in the way we practice medicine. Child Psychiatry has changed significantly as well. Virtual care is now standard for most hospitals and private practices in the Toronto Region. Walk-In Children's Mental Health clinics have been converted into telephone/virtual walk in clinics around the Toronto region. The number of inpatient beds has been reduced in the system since some have been redeployed to make room for COVID-19 units. However, the child psychiatry community has gotten closer and worked together to solve these problems. We have regular meeting at



all levels to work together and share ideas on how we can move forward and manage the crisis.

The end result is that the clinicians are still providing quality care to our patients and families. Many are working from home, mostly virtually, but they are still providing quality care to their patients and families. Our team meetings and case conferences are thorough the virtual medium. There are safety and social distance protocols in every hospital and community mental health centre in the region.

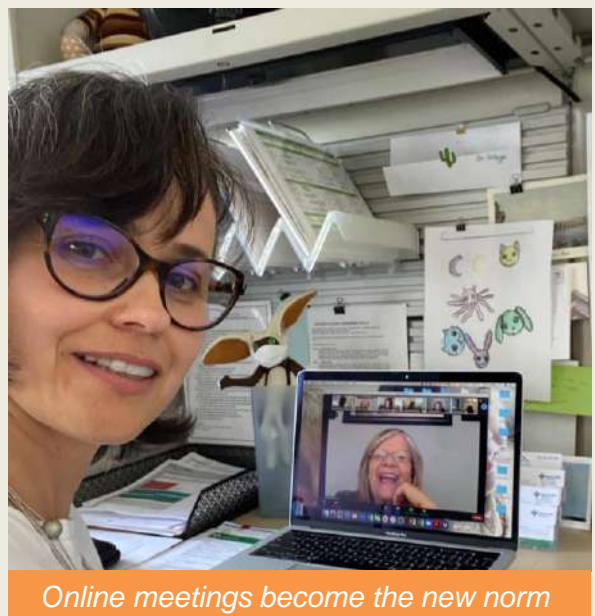
Academic teaching and conferences are still happening but we are doing it via the virtual medium. I am truly amazed by the creativity of our teachers and learners.

We have adapted to the new reality, but the end result may be more comprehensive care to the patients and families we serve. Most have found the crisis an opportunity to embrace technology and expand the scope of their practice.

Covid-19 and Child and Adolescent Services in Calgary Canada (by Chris Wilkes)

So far Calgary and Alberta have survived the Covid-19 pandemic relatively well with approximately 7000 cases and 150 deaths. However, the Covid shut down had a dramatic impact on our child and adolescent services and on us personally. This included the dramatic closure of our schools and closing down of two of our adolescent units, day programs and changing all of our outpatient's services to virtual services with Zoom or phone. Now most patients have adapted to the convenience of virtual assessments quite well, even though this transition means some of the psycho-metrics need to be booked later, when the lock down is over and we have relaunched outpatient visits. But the major impact was on families who have to do home schooling and also work from home. Our hospitals, ER services and outpatient services were eerily quiet.

Additionally, there has been a sudden decrease in workload for our inpatient psychiatrists resulting in a massive re-deployment to outpatient services and online support programs for families. The stress of the COVID 19 pandemic certainly affects all of the mental health professionals, allied professionals, and families in many different ways. We noticed that many patients with anxiety disorders enjoyed staying away from school at first before boredom and isolation set in. Those with depression struggled with no routine and reduced opportunities for behavioral activation. All playing fields and parks were off limits. Making online contact with support staff, therapist and doctors even more essential.





Friendly staff

Personally speaking, this can be both an anxious and depressing time when our schedules and workloads are constantly changing. Trying to provide in home support to children and grandchildren due to the schools and day care centers being closed is very unsettling and a challenge. Of course our restricted mobility is also a challenge as we have to rely on virtual information and here say rather running around the city doing multiple consults in a variety of settings. Resulting in new fears of missing information or doing incomplete assessments. Unfortunately teaching via Zoom can be a major challenge as well due to the logistic problems such as “Sorry I can’t hear you, or your video has frozen in and out” resulting in a new DSM 5 condition called Zoom fatigue

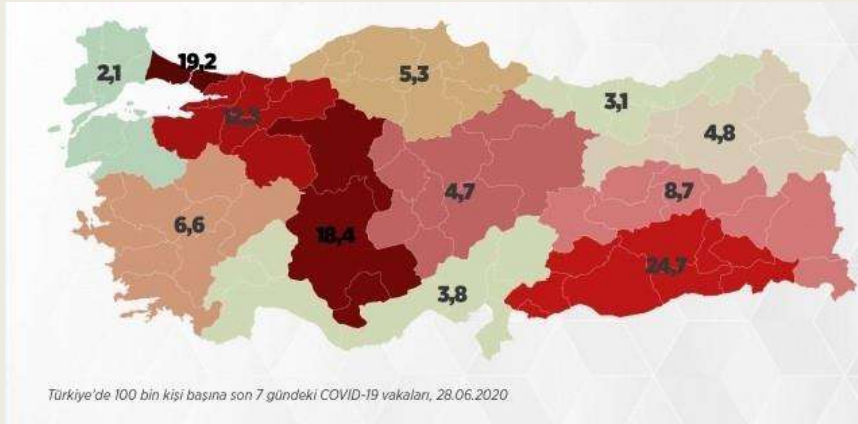
and loss of the usual rewards we all feel with direct patient and student encounters. But at last we can see the light at the end of the tunnel as we prepare for re-launching services and reconnection with patients and colleagues around June 22nd. Yet our confidence that life will return to normal is challenged by the fact we have to learn to live with the COVID 19 threat. life will never be quite the same and now we all trying to be more mindful and find meaning, radical acceptance and gratitude with our new reality.



Dr Chris Wilkes and colleagues on a Zoom meeting

The Turkish Association for Child and Adolescent Psychiatry (TACAP)'s Online Interactive Meeting on the Impact of COVID-19 on the Mental Health of Children and Adolescents

By: Ozhan Yalcin (Board Member, TACAP) and Fusun Cuhadaroglu (Chair of the International Relations Committee, TACAP)



Türkiye'de 100 bin kişi başına son 7 gündeki COVID-19 vakaları, 28.06.2020

Correction: An inaccurate image of the Turkish map appeared in a previous version of this article. The bulletin apologizes for this unintended error.

The Covid-19 pandemic struck an unprepared world. Its psychological effects on children, adolescents and on family functioning is an interesting, intriguing and a challenging topic. The impact of the pandemic on children and adolescents who already have mental illness or neurodevelopmental problems and on those who are healthy may vary. Children and adolescents who have parents working on the frontlines fighting Covid-19 or those who have lost their family members due to coronavirus are important groups for mental health practitioners to focus on. Covid-19 is a new illness and knowledge about its effects on people, safety measures, treatment options are constantly evolving.

Various countries are experiencing different phases of the pandemic and therefore information exchange among practitioners from different countries and from different parts of the world is

extremely important and can be very beneficial.

As such, the Turkish Association for CAP organized an online meeting with colleagues from Singapore on June 1st, 2020. Singapore has been one of the first countries affected by

Covid-19 and also one of the most successful countries in controlling the infection.

IACAPAP President Prof. Daniel Fung who is also the Chairman of the Medical Board of the Institute of Mental Health in Singapore was invited as the speaker. He gave a presentation entitled "The Covid-19 Pandemic and Child and Adolescent Mental Health" which included information about Covid-19 in Singapore and experience in mental health settings with children and adolescents with different diagnoses, in addition to efficient strategies in working with them. Dr. Fung emphasized the increasing popularity and necessity of tele-psychiatry, online psychotherapy, and online applications all over the World, though some ethical issues are still being discussed.

Dr Mok Yee Ming, Dr Ong Say How, Dr Tina Fang, Dr Daniel Poremski accompanied Prof. Daniel Fung in the

discussion. They shared their valuable opinions and experiences with the participants. In addition to Turkish colleagues, participants from Chile, India, Canada and Singapore all shared their local experiences regarding Covid-19 and mental health issues they were facing in their countries. The discussion revealed that there are shared difficulties especially in mitigating the spread of the infection and that opportunities for safety measures vary depending on management capacity and the economic resources of the country. CAP clinics are mostly locked down except for emergencies but CAP professionals are working mostly online. Clinically, different groups of children are being effected in different ways and it is important to identify children who need to be closely monitored and best ways to provide services for them. Additionally, psychoeducation of the public through

telehealth services regarding problems faced by children, adolescents and their families like excessive use of technology, domestic violence, social and economic problems, unemployment among parents, traumatic experiences, anxiety, grief during this period is crucial.

On behalf of the Turkish Association for Child and Adolescent Psychiatry (TACAP) we would like to thank Prof. Daniel Fung and his colleagues Dr Mok Yee Ming, Dr Ong Say How, Dr Tina Fang, Dr Daniel Poremski who created a very friendly atmosphere for this collaborative meeting which was very informative and enriching. We also send our thanks to Singapore IMH's secretary Choo Ai Ling for her efforts and cooperation in organizing this meeting.

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Closing The Mental Health Care Gap For Primary School Children in the Himalayas, India

By: Michael Matergia, MD - Chief Executive Officer, Broadleaf Health & Education Alliance and Emma O'Brian - Research Communications Coordinator, DLR Prerna

Expanding access to children's mental health care is a critically important global health challenge. Of the 20% of children who suffer from a mental health condition 80-90% will remain undiagnosed, unsupported and will be adversely affected their entire lives. Despite prevalence rates in India estimated to be on the high end of the global burden of childhood mental illness, less than 1% of Indian children and adolescents with mental health struggles are receiving treatment (1). A fundamental underlying cause of this care gap is insufficient mental health professionals and innovative care models are urgently needed to address this challenge.

Tealeaf: Mansik Swastha trains teachers to deliver evidence-based mental healthcare to students in the classroom and engages parents and community care-givers in supporting their child's mental wellbeing. Working in remote and rural villages of the mountainous Darjeeling District of West Bengal, India this research takes a new step in implementing combined models of education and mental healthcare that leverage existing human resources and synergies between the fields of education and child psychiatry to improve the lives of children under 10. Alongside the program, it incorporates a three year research trial designed to test the efficacy of the intervention.

The intervention and research are co-funded by The University of North

Carolina (UNC) and the Mariwala Health Initiative, Mumbai (MHI). This international collaborative research works in partnership with Broadleaf Health and Education Alliance (Broadleaf), the Center for Global Health at the Colorado School of Public Health and Darjeeling Ladenla Road Prerna (DLR Prerna).

School Based Mental Health Programs in LMICs

India, like many other low- and middle-income countries, has seen rapid growth in the number of Low Cost Private Schools over the last two decades. Due to the poor geographical reach and familial dissatisfaction with the quality of government schools, an increasing number of children in rural areas attend these private schools. As children spend more time in school than in any other formal institutional structure, schools play a key role in cognitive, emotional and behavioral development of children. The school environment and the relationships formed therein have profound effects on the health and wellbeing of children.



Low cost private school in the Darjeeling Himalayas



Enhancing social skills and self esteem is a key to improving children's mental wellbeing and functioning

Professionals in educational settings can play a critical role in children's mental health as they may be in the best position to note changes in behavior, including emerging mental health issues. However, knowledge about mental health must also be promoted among parents and family members. While this intervention focuses on teachers as agents of change within the community, it takes into account the need for caregiver involvement to form a supportive ecosystem for children.

Evolution of the Intervention

Tealeaf evolved out a broader school health promotion intervention in which we sought to incorporate aspects of mental health promotion and care. As teachers gained knowledge and skills in mental health, we recognized that they had the capacity to deliver more complex care.

In 2017, we prototyped and field tested

the resulting intervention. Adapting tools used by mental health care professionals, primary school teachers were trained in basic functional behavioral analysis and Cognitive Behavior Play Therapy. From this initial testing we learned that:

1. Within rural communities of the Darjeeling Himalayas, there is a strong existing desire to support children with atypical behaviors.
2. The intervention was appropriately leveled for use by existing community members with no prior mental health training or experience.
3. The development of a therapeutic relationship between the child and an empowered adult is the key component of the intervention.
4. Coaching, supervision, and case review were crucial to achieving high-quality implementation of the intervention.

Based on these results, we were able to secure external funding from the American Academy of Child & Adolescent Psychiatry (AACAP) to conduct a feasibility trial. This feasibility trial involved training 22 teachers from 5 low cost private schools and demonstrated that following a 10-day training and with regular supervision, teachers could:

1. Successfully identify children with mental health challenges.
2. Develop appropriate care plans that include the teacher, the child and the primary caregiver.
3. Implement these plans and provide targeted support to children in need of mental health care.

Children receiving targeted support in the pilot phase demonstrated significant

and substantial improvement in their overall mental health status.

A Partnership Based Approach

The intervention is an exciting example of what North-South, Research-Practice and University-Community Based Organization collaboration can look like when all stakeholders are involved at an early stage. From a community based need identified by DLR Perna, leveraging institutional relationships with Broadleaf, PI Dr. Christina Cruz of the University of North Carolina developed the intervention in partnership with the DLR Perna team. Dr. Cruz designed the initial research protocol which was reviewed by a Darjeeling based Ethics Committee and the Indian funding agency, Mariwala Health Initiative and further discussions led to some modifications to the study design, and the addition of new qualitative components of the research. Investment in these early planning discussions and the relationships between the various stakeholders was crucial to the development of a high-quality intervention and research design.

Combining Implementation with Research

The current phase of development includes a stepped-wedge cluster randomized control trial (cRCT) that scales up the intervention to fifty rural primary schools and 150 teachers. School clusters will be randomized to receive either the full Tealeaf intervention or an Enhanced Usual Care (EUC) intervention. Schools selected to receive an EUC intervention will then move sequentially into Tealeaf so that all teachers receive the full training by the end of the study period.

As a mental health program, Tealeaf-

Mansik Swastha aims to:

1. Improve access to evidence-based mental health care for children.
2. Improve children's mental health outcomes.
3. Improve children's wellbeing, development, and academic functioning.

Through this intervention teachers are empowered to incorporate simple, easy-to-use, evidence-based mental health techniques in their everyday interaction with targeted students. Children receiving the Tealeaf intervention will receive one-on-one support from the teacher, within the classroom setting. In this ecologically driven model, children are the recipients of mental health care and therapeutic interactions throughout their day in their own environment, setting them up for the best possible access and success. This constitutes a significant increase in frequency of therapy and practicing of skills by the child compared to typical models where, at best, children are in individual therapy once weekly.



Young female students in rural Darjeeling

A quantitative approach will be utilized to assess the primary outcome (mental health status) and important secondary outcomes (daily functioning and academic performance). The qualitative aspect of our mixed methods research will conceptualize and frame the intervention within the local context.

Conclusion

Expanding access to child mental health care through teacher-led delivery is a highly innovative approach. We anticipate that the learning arising from our research will have broad applicability in resource-limited settings. If successfully, this work may generate an evidence-based model for delivering mental healthcare at scale in LMICs. Ultimately, completion of this study will contribute to efforts to develop innovative care models to decrease the child mental health care gap.



One on one counselling interaction

For further information please feel free to reach out to Michael.Matergia@broadleafhea.org.

Community workshop on child mental health



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24th Turkish Adolescent Psychiatry Symposium

By: *Esra Demirci, Chair, CAP Department, Erciyes University and Füsün Çuhadaroğlu, Chair, Adolescent Committee, TACAP*



This year, the 24th Adolescent Psychiatry Symposium, was held in Kayseri, Turkey on 21-23 November 2019 in collaboration between the Turkish Association of Child and Adolescent Psychiatry (TACAP) and Erciyes University Department of Child/Adolescent Psychiatry. Erciyes University Conference Centre hosted many mental health professionals from all over Turkey. As the symposium has a different theme about adolescence each year, this year's theme was decided to be 'Self-Injury and Suicidal Behaviour'. The opening speeches were delivered by the Dean of Erciyes University Medical School, Prof. Dr. Hakan Poyrazoglu and Prof. Dr. Füsün Çuhadaroglu (Chair of Adolescent Committee, TACAP and co-chair of the Adolescence Symposium) who noted that the Adolescent Psychiatry Symposium has been held annually since 1996 and emphasized that the self-injurious behaviour is seen in

increasing rates in many countries around the world as well as in Turkey and is becoming a public health problem among adolescents.



Dr. Marshall S. Korenblum lecturing on NSSI and DBT

All about Self-Injury and Suicidal Behaviour

During the symposium, renowned lecturers from different universities around the country discussed non-suicidal self-injury (NSSI) and suicide on a wide spectrum including the epidemiology, comorbidity, self-regulation, resilience, identity confusion, attachment, crisis management, psychopharmacological and psychotherapeutic approaches. Panel discussions were held on 'Identity Formation and Self-Injury', 'Adolescent Suicide and Neurobiology of NSSI', 'Crisis Situations in Suicide and Self-Injurious Behaviour', 'Digital World and Self-Injury – Online Games'.

Dr. Marshall S. Korenblum, medical director of the Sick Kids Center for Mental Health, Toronto University, delivered keynote lectures entitled 'Understanding Self-Injurious Behaviour in Adolescence' and 'The Role of Emotional Dysregulation and DBT in the Treatment of NSSI'. The symposium


program also included case presentations and Dialectical Behavioural Therapy (DBT) approaches were discussed through case presentations from Turkey.

The program included a discussion of the influence of the media on the subject, as a force shaping the values,

opinions and trends of society. The relationship between internet, media, online games and 'suicidal contamination' and self-injury was thoroughly discussed with an emphasis on the measures to be taken. The responsibility of media was underlined and a detailed statement on the topic was prepared.



Organizing committee with their Ebru (traditional Turkish art) presents from a local artist.



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