



By Keerthi, age category 6 to 12Y, Sunrise in Seaside

President's Message

I would like to begin our last presidential column of 2023 wishing all IACAPAP friends and their families a very happy and healthy 2024! This was not an easy year with so many youths and families suffering the devastating impact of war in different parts of the world including Sudan, Ukraine and more recently in Middle East and the consequences of huge natural disasters like the earthquakes in Turkey and Morocco.

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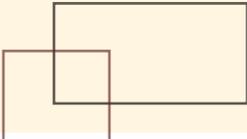
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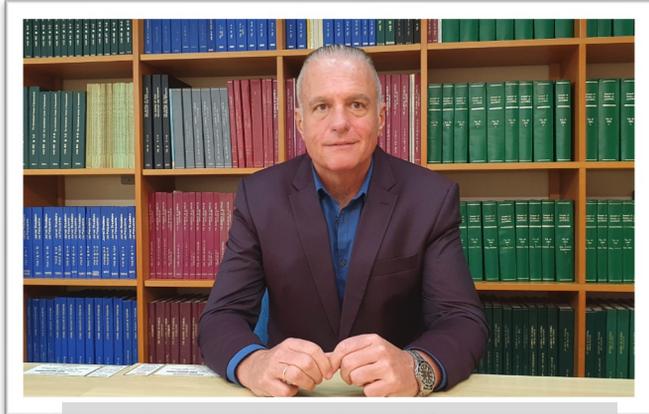
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President's Message

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



Luis Augusto Rohde
IACAPAP President

At the same time, we finished our first year in the presidency of IACAPAP. I have been using this column as a vehicle to keep our friends informed on what is being done inside IACAPAP. The idea is not only keeping members transparently informed almost on time, but to allow for modifications on the course of action that can be made based on the feedback of our national member associations and individual members. Feel free to send us your suggestions, comments and critics about what IACAPAP has done.

As we approach the end of the year, I am proud to outline the progress on two major initiatives that showcase the fruitful collaboration between IACAPAP and the Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health at the Child Mind Institute. The SNF Global Center is one of the main mental health projects supported by the Stavros Niarchos Foundation Global Health Initiative.

- **Child and Adolescent Mental Health (CAMH) Item bank:** Building on our commitment to advancing CAMH, we are approaching the launch of a pivotal project: the creation of a universally accessible, culturally sensitive CAMH item bank. This initiative is crucial, as it

I would like to begin our last presidential column of 2023 wishing all IACAPAP friends and their families a very happy and healthy 2024! This was not an easy year with so many youths and families suffering the devastating impact of war in different parts of the world including Sudan, Ukraine and more recently in Middle East and the consequences of huge natural disasters like the earthquakes in Turkey and Morocco. IACAPAP has been monitoring and implementing actions to mitigate the suffering of youths and their families affected by war and natural disasters directly or indirectly through support to its national associations. We would be more than happy to hear from our members suggestions on how we can do more!

addresses the stark absence of unified, evidence-based CAMH data, particularly in low- and middle-income countries (LMICs). The item-bank is designed to span a range of developmental stages, with specific versions for different age groups, including parents of preschoolers, school-aged children, adolescents, and self-report options for older youths. A rigorous process of expert reviews is on the near horizon, with our contract with the Child Mind Institute expected to be formalized before the new year. This sets the stage for IACAPAP's affiliated national child psychiatry associations to begin cultural appropriateness evaluations in the first quarter of 2024. The significance of this tool was underscored by global CAMH leaders at the recent American Academy of Child and Adolescent Psychiatry symposium, emphasizing the necessity for consistent, comparative data to inform global CAMH services and policies.

- **Clinical Fellowship Program for LMICs:** To directly address the shortage of CAMH professionals in LMICs, we are also working hard to launch a comprehensive Clinical Fellowship Program in Child and Adolescent Psychiatry. Mozambique, a nation with only one practicing Child and Adolescent Psychiatrist and a dearth of trained CAMH professionals, has been selected as the inaugural site. This program extends beyond psychiatrists to include psychologists and occupational therapists,

embodying a holistic approach to CAMH care, consonant to the IACAPAP vision. The fellowship spans three years, with the first year dedicated to intensive training in Brazil, followed by two years of service in Mozambique's public health system, under continuous external supervision. This ambitious endeavor aims to build a sustainable model of CAMH training and care for LMICs.

Another piece of great news is related to our next World Congress of Child and Adolescent Psychiatry and Allied Professions in Rio in 2024 ([see more details](#) in this bulletin and at <https://www.iacapap2024.com/ingles/index.php>). The numbers are astonishing! In the very early registration deadline, we received an unprecedented number of 1490 registrations. The deadline for submissions of symposia, oral presentations and posters closed with 134 symposia, 266 oral presentations and 358 posters submitted. Be prepared for an unforgettable experience in Rio next year. **If you have not registered yet, do it now! We might have to close registrations for the first time ever in the next early registration deadline at the end of February, since our venue has the capacity for only 2500 delegates.**

Based on the voting called in the last column, we defined early July as the date of the 2026 World Congress of Child and Adolescent Psychiatry and Allied Professions. Due to logistic reasons, the congress will be in

Hamburg and not Berlin. I would like to thank our colleagues that voted and helped the Bureau in achieving the best decision on an issue that affects all of us!

As you might remember, I decided to include, as the last piece of the column, the discussion of an impactful paper in CAMH published in between the previous and this Bulletin in the scientific literature. This time, I selected a paper in my area of expertise, ADHD, published by a large group of researchers (Synergy for the Influence of the Month of Birth in ADHD -SIMBA-study group, a consortium 162 researchers) in The Lancet Psychiatry this month. The title is: "Association between relative age at school and persistence of ADHD in prospective studies: an individual participant data meta-analysis" (see <https://pubmed.ncbi.nlm.nih.gov/37898142/>) at <https://pubmed.ncbi.nlm.nih.gov/37898142/>). The work was led by Corentin J Gosling a psychologist from France and Professor Samuelle Cortese, a child and adolescent psychiatrist based on UK. There was robust previous data from population studies worldwide showing that younger children, especially in the first years of elementary school, receive more diagnosis of ADHD than older children in their classrooms. Two main competitive explanations were prominent in the literature. First, we are pushing our immature young children to demands that they cannot face and, as a result, stamping out an ADHD diagnosis. The second stated that young immature children with ADHD might have a more severe presentation making easier the initial recognition of the phenotype. The group tested the following research

question: If young children with ADHD have a false positive diagnosis of ADHD, they should demonstrate a lower persistence of ADHD diagnosis in longitudinal studies than older children with ADHD. The investigation included 57 prospective studies following up 6504 children with ADHD. Results showed that the diagnosis of ADHD in younger children in a class is no more likely to be disconfirmed over time than that of older children in the class. Indeed, although not statistically significant, the direction of the association was in the other direction (i.e., younger children with ADHD tend to have more stable diagnosis across time - odds ratio 1.02, 95% CI 0.99-1.06; $p=0.19$). This finding has clear clinical and policy implications for CAMH.

Finally, regarding the auditable goals proposed in the previous bulletin, they were **partially** achieved, since:

- a) the agreement with CMI on the collaborative work for the Child and Adolescent Psychiatry Clinical Fellowship Program was achieved;
- b) the preliminary program of the 2024 IACAPAP World Congress of Child and Adolescent Psychiatry and Allied Professions will be available online in the first weeks of January;
- c) we had almost two thirds of the expected registrations for the IACAPAP World Congress in Rio 2024 already done;
- d) we had the location and dates for the 2026 IACAPAP Congress finalized.

The development of the *Multidimensional, Culturally Sensitive, and Open-Access instrument to evaluate CAMH worldwide* was slower than expected. The auditable goals up to the next bulletin will be:

1. Engage IACAPAP community for assessing the cultural adequacy of the *Multidimensional, Culturally Sensitive, and Open-Access instrument to evaluate CAMH worldwide* (goal pending from the last round);
2. Have the first two teams from Mozambique selected for the Child and Adolescent Mental Health Clinical Fellowship Program and ready to begin training;

3. Have the final program of the 2024 IACAPAP World Congress of Child and Adolescent Psychiatry and Allied Professions available online;
4. Have more than 90% of the registrations for the Congress already done;

I hope you all enjoy reading our Bulletin.

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



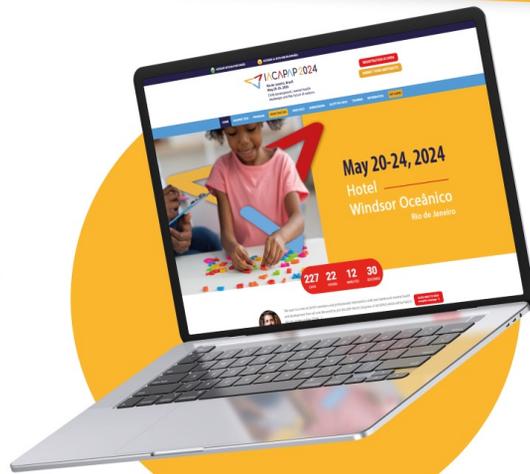
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HRRS 23 in Brazil: Research, Collaboration, and *Saudade* - Learning Beyond the Research Seminar

By: Anna Carolina Viduani, Tally Tafla, Melisa Pertica, Érica Bonganihi de Bern, Arul Velusamy

During the third week of September, the 9th Helmut Remschmidt Research Seminar (HRRS 23) was held in Campos do Jordão, São Paulo, Brazil. It united fifteen young researchers representing diverse nations around the globe and six mentors: Dr. Anna Ordoñez, Prof. Bruno Falissard, Prof. Christina Schwenck, Dr. Lizzie Shephard, Prof. Maretha de Jonge, and Prof. Petrus de Vries—or, as we would like to call them, Anna, Bruno, Christina, Lizzie, Maretha, and Petrus.

Our journey began with shy greetings at the airport. Little did we know that they

would soon turn into long conversations, collaborative work, inspiring exchanges of life experiences, culminating in warm farewell embraces. The experience of meeting our colleagues from all around the world—Brazil, Ecuador, Argentina, Lebanon, Serbia, Germany, South Africa, Lithuania, and India—was deeply enriching. It underscored the recognition that despite our diverse backgrounds, we share common values that transcend our differences in countless ways.

As fellows, we could probably spend hours talking about everything new we

HRRS 2023 - Group picture (Mentees and Mentees)



learned about research. Sessions were organized in a well-planned manner with topics ranging from the academic journey of mentors to interactive sessions on writing abstracts, manuscripts, and proposals for research grants. Listening to the academic journey of our mentors was not only inspiring but also made us relate to the hard work and struggles faced by them in the early part of their career. Introducing the concept of implementation science is essential for all fellows from diverse socio-cultural backgrounds. Overview of biostatistics was taught in a practical way, allowing us to reflect on our projects and refine them.

In the afternoons (after a generous lunch!), small group mentoring also provided amazing insights into different research projects led by our fellow mentees, under the careful guidance of

the mentoring team. Small group mentoring sessions and the one-on-one discussions with mentors provided us with the opportunity to refine our plans, organize our goals, and gain clarity on what we have been doing well, what we could change or improve, and how to navigate our academic careers through small, gradual but persistent steps. The "Ask Us Anything" session, was a valuable and engaging learning experience that gave us the opportunity to ask our mentors any questions we had. It was a fun-filled session that provided us with life lessons and insights that we will carry with us for years to come.

However, HRRS is not just about science: it is about the people who do science. Through the generosity of the mentors, HRRS became something more, and the true lessons could be found outside of the classroom as well. As a true

HRRS 2023 - Attending lectures by mentors



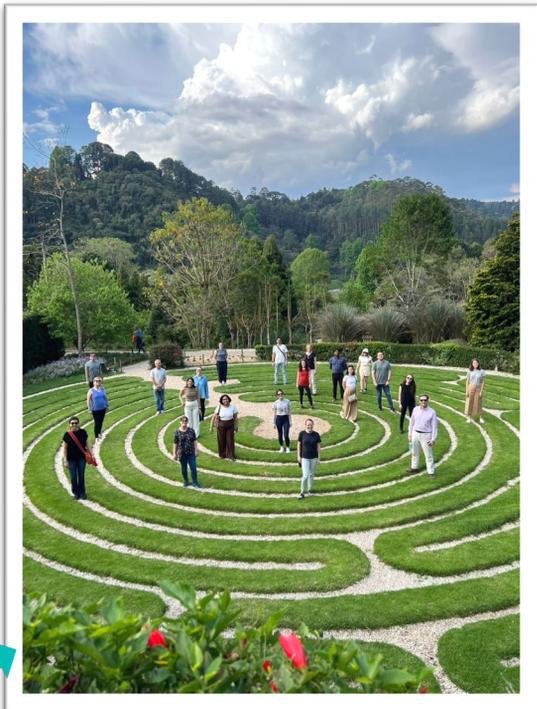
communal experience (and very aligned with Brazil's Latin roots), they often came around the dining table, or during walks.

At the end of the week, HRRS was about our coming-of-age as researchers. We discovered our values and learned how to use them to guide our choices and paths in a flexible way. The focus of this week was also about adaptability and discovering how to be the best researchers for our context and our goals.

Amidst large amounts of small coffees, capybaras, and bem-te-vis, we are returning from this seminar knowing it was the experience of a lifetime. We are immensely grateful for the mentors for sharing their experiences, knowledge, and for bringing their vulnerability and welcoming ours. Borrowing from

Winnicott's work, we felt that the mentors provided us with holding: it enabled us to feel seen and nurtured our curiosity and will to keep on working to improve child and adolescent mental health around the world. Mentors were amazing in guiding our challenges in a positive direction and it's an enlightening, life changing experience for many of us in planning our future career plans.

The HRRS ended, and left us filled with *saudade*, an untranslatable Brazilian Portuguese word. *Saudade* is something we have after meaningful meetings: it is about loss, love, and distance. We are now back at our sides of the world, our research labs and clinical practices; but are also sure that this experience was meaningful enough to have us feeling lots of *saudades*. The seminar was a true



HRRS 2023 - Group
outing picture



HRRS 2023 - Group
outing picture



HRRS 2023 - Group outing picture

Brazilian Odyssey for learning child and adolescent mental health research beyond the seminar room, and an enlightening experience for all of the fellows.

Lastly, we would like to thank again the mentoring team - Anna, Bruno, Christina, Lizzie, Maretha, and Petrus - for all the aforementioned reasons; IACAPAP, the Institute of Psychiatry from the University of São Paulo, and the ADHD Program at Hospital de Clínicas de Porto Alegre for

providing us with the opportunity to meet; Érica, Pâmela, and the whole CCM team for taking care of all the details, even the smallest ones; and lastly Prof. Remschmidt, who founded and championed this esteemed fellowship program.

16th Annual Conference of BACAMH in Dhaka, Bangladesh

By: Sifat E Syed, Treasurer, BACAMH (Bangladesh Association for Child and Adolescent Mental Health)



16th Annual General Meeting of BACAMH

The 16th annual conference and General Meeting of BACAMH (Bangladesh Association for Child and Adolescent Mental Health) was held on 14-15 November, 2023 in Krishibid Institute of Dhaka, Bangladesh. This year's theme was 'Child and Adolescent Mental Health: Focus on family'. A total of 264

participants registered for the 2 day program. The conference gathered participants from different disciplines who work for child and adolescent mental health including psychiatrists, psychologists, paediatricians, paediatric neurologists, social workers and child developmental workers.

The inaugural ceremony was chaired by Prof. Dr. Sharfuddin Ahmed, Vice Chancellor of Bangabandhu Sheikh Mujib Medical University. The program was presided by president of BACAMH Dr. Helal Uddin Ahmed and renowned psychiatrists - Prof. Md. Golam Rabbani, Prof. Waziul Alam Chowdhury and Prof. Md. Azizul Islam and Prof. Nahid Mahjabin Morsahed were special guests of the inaugural ceremony. Secretary General Dr. Niaz Mohammad Khan started the ceremony with his welcome address. President-elect Prof. Shalahuddin Qusar Biplob closed the inauguration by his vote of thanks.

psychiatry and the event was full of singing, dancing, play and recitation.

A special oration is named after Late Prof. Syed Kamaluddin Ahmed, a distinguished and respected psychiatrist of Bangladesh and this year Syed Kamaluddin Ahmed memorial oration was delivered by Prof. Md. Faruq Alam whose topic was 'Gaps and Options in Child Mental Health in Bangladesh'. Keynote presenter was President of BACAMH, Dr. Helal Uddin Ahmed who spoke on the theme of the conference 'Focus on family'.



Inauguration of the conference, Chief guest Prof. Dr. Sharfuddin Ahmed, Vice Chancellor of Bangabandhu Sheikh Mujib Medical University (BSMMU) in the middle

In the scientific conference, 13 scientific papers were presented. There were 4 plenary sessions, 1 Keynote Presentation, 9 free paper sessions, one Syed Kamaluddin memorial oration and 2 workshops. A stimulating scientific debate was held with the title 'Eastern style of parenting is better than Western'. There was a cultural soiree entirely preformed by the residents of

Interactive workshops were conducted on ABA therapy by Thuji Grace and Prof. Jhunu Shamsun Nahar, conducted a workshop on 'Dialectic Behaviour Therapy (DBT).

On Day 1 morning session, two plenary lectures were delivered by Paediatric Neurologist Prof. Gopen Kundu on 'Management of Neurologic Wilson



Children singing at the cultural night

disease: Challenges & opportunity ' and Psychiatrist Prof. AA Mamun Hossain 'The Game of Death: Effects of the war on our children and the looming mental health crisis'. Dermatologist Dr. Saiful Ahmed Bhuiyan spoke on 'Psychosocial Impact of Chronic Childhood Skin Diseases' and Psychiatrist Prof. MMA Shalahuddin Qusar Biplob spoke on 'Guideless media use by adolescents leading to addiction and age inappropriate cognition'.

The two day conference ended with the Annual General Meeting presided by Dr. Helal Uddin Ahmed. The reports of the Secretary General, academic secretary and treasurer were presented and approved. AGM ended with declaration of next year's program date which will take place on 12-13 November, 2024 and the theme of the 17th conference will be 'Technology and child mental health'.

Usual trend in Bangladesh is to provide a crest after each presentation. BACAMH from last year, started a new trend of

presenting a plant to all the speakers and session chairs instead of crest and this eco-friendly initiative of BACAMH was highly appreciated by everyone. Also this year, there was no printed program book, rather it was an e-book which was available with QR scan. For next year's conference, BACAMH expects to have more International participants as speakers.



Plants given as token of appreciation from BACAMH to all speakers, chairs and session co-coordinators

Child Psychiatry at the UN: Peace Building with Young Children

By: Joshua D Feder, MD

Programmatic Lead, International Networking Group on Peace Building with Young Children

Co-Chair, Disaster & Trauma issues Committee, American Academy of Child & Adolescent Psychiatry

Nine days before the most recent Middle East war, there was a moment of profound hope when, in a high-level meeting at the 78th United Nations General Assembly, IACAPAP member Josh Feder, Co-Chair of the Disaster & Trauma Issues Committee of the American Academy of Child & Adolescent Psychiatry (National Member organization of IACAPAP), gave a speech with Dr Ali Shaar, Director of the Palestinian Child Institute at An Najah National University in Nablus. The heart of their talk (13 minutes: <https://nn.najah.edu/news/Alnajah-news/2023/09/28/468269/>) launched a new book that advocates for the rights of children impacted by armed conflict, calling out the inanity of targeting children, and giving examples of programs across the globe that work for social cohesion and improved resilience in young children impacted by conflict.

The book, *Foundations for a Peaceful World: The Transformative Power of Early Childhood Education to Promote Peace and Social Cohesion*, features Dr Feder's research on the Revised Toddler Module of the Media Initiative for Children (RTM-MIFC) addressing intersectional conflict

using a scalable approach that, simply put, supports staff at toddler programs to use responsive caregiving with toddlers and helps parents and other caregivers do the same to help the children to become more resilient problem solvers and reduce the risk that they will become traumatized or radicalized over time and instead build social cohesion. Dr Feder and his team of volunteer allied professionals have developed, tested and implemented the program over the course of the past decade, demonstrating its feasibility, measurability and acceptability in a pilot study; its statistically and clinically significant efficacy for improving social emotional growth and reducing staff and caregiver stress in controlled trials; and its scalability to greater numbers of families and from public to private toddler care settings in Northern Ireland. The program design embeds implicit exposure of children and parents to multiple cultural and racial groups as part of the methodology for helping children become more regulated when they are upset and when staff or parents or other caregivers are supporting social emotional development during play-based interactions. The re-regulating

approaches are relationship based, leaning in with empathic collaborative problem-solving vs dissembling techniques that would have carers ignore a child emotionally to compel silent compliance. The play-based support for social communication and problem-solving are derived from the evidence based Developmental Individual differences Relationship based (DIR) model of Greenspan and Wieder, simplified into a Wait-Join-Build methodology that can be taught efficiently to staff and by staff to parents and other caregivers.

How does this RTM-MIFC approach solve or prevent multigenerational conflict? The theory of change begins with increasing the capacity of adults to take time to think and reflect about how to help children to be calm and regulated in addressing the moment-to-moment challenges of social communication that form the substrate of all human interaction. This learning occurs in a nested set of reflective relationships, from the project team supporting staff to the staff supporting parents and caregivers to those parents and caregivers supporting the children, reflecting three core levels of Bronfenbrenner's social ecological model (see figure 1). Those nested social ecological levels are themselves set into a cycle of conflict that at any time may be moving toward de-escalation and peace building or escalation and active war. In Northern Ireland there has been continuous if lower-level conflict since the 1998 Good Friday Agreement, exacerbated by Brexit with its threat of closing the border between Northern

Ireland and the Republic of Ireland, leading to a subtle but definite resurgence of violence and a decreased sense of safety with its characteristic suppression of open discussion of the conflict ('Say nothing'). So, the RTM-MIFC project labors on, focusing on the responsive caregiving aspect more than explicitly confronting the ethnic and cultural divisions. RTM-MIFC is now poised to expand to the entire country of Northern Ireland and the six border counties of the Republic of Ireland, with plans for culturally sensitive global expansion throughout the countries of the INPB.

With different projects in multiple countries over the past two decades, the International Networking Group on Peace Building with Young Children (INPB) forms the Programmatic Subgroup for the United Nations related Early Childhood Peace Consortium, which includes luminaries in Child Psychiatry such as James Lechman and Kyle Pruett. Members representing nations in the INPB are often in conflict e.g. among Balkan states such as Serbia and Kosovo, as well as in the Middle East with members from Israel, Lebanon, and Palestine.

The recent outbreak of war in the Middle East was in its immediate impact a devastating demonstration of both the inability of peace building efforts to prevent the sudden shredding of the social fabric in the conflagration and horror and yet, after catching one's breath, the necessity of the work to gradually build social cohesion to a point where it is much more difficult to rip apart in the storms of war.

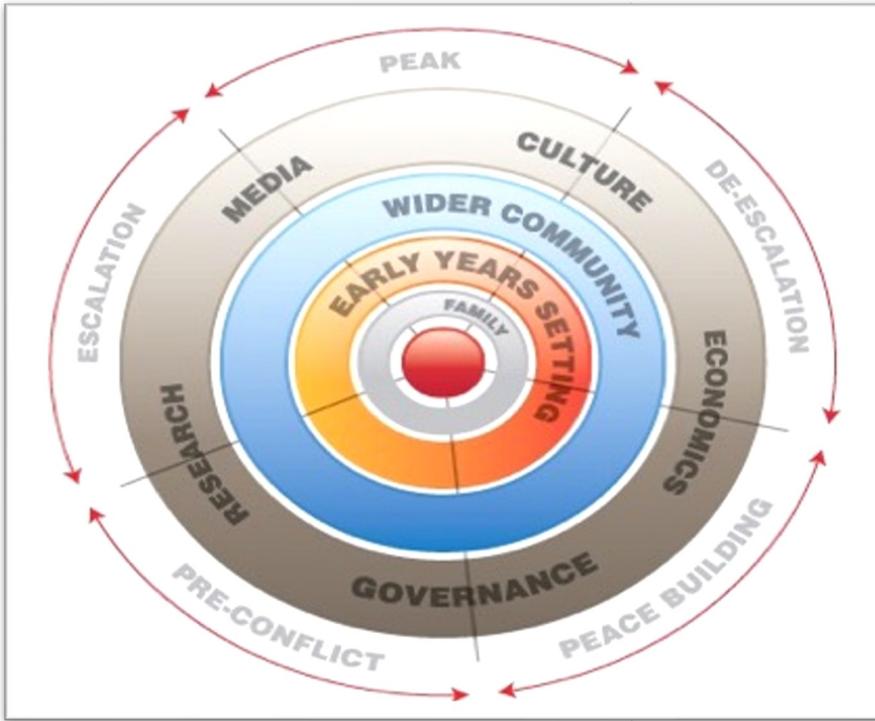


Figure 1 (Reprinted with Permission from the International Networking Group on Peace Building with Young Children)

Foundations for a Peaceful World

The Transformative Power of Early Childhood Education to Promote Peace and Social Cohesion

Edited by: Joshua D. Feder
Siobhan Fitzpatrick
Margalit Ziv

INPB
The International Network on
Peace Building with Young Children

ACEV
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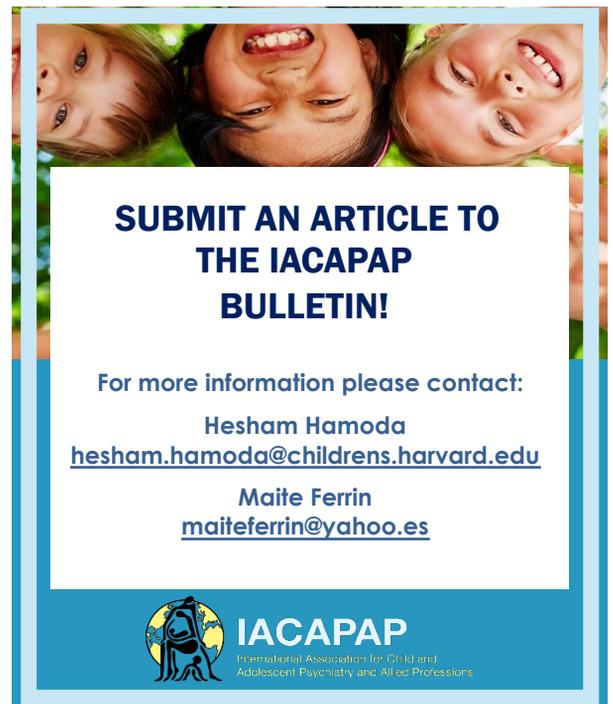
early years
the organisation for young children

(Reprinted with Permission from the International Networking Group on Peace Building with Young Children)

For the past thirty years, doctors have drawn inspiration from the work of John Farmer, who travelled to far flung places to respectfully offer medical care in regions with few resources and vast suffering (read *Mountains Beyond Mountains* by Tracy Kidder). Child psychiatrists who choose to do work in peace building can be uniquely qualified to offer expert guidance in matters that reach across the range of biopsychosocial impacts for developing children and teens. In a world where we all want to see all guns fall silent but are powerless to make that happen immediately, much less prevent new outbreaks of violence by adults on children, peace building work is a constructive and hopeful balm for the insidious process of burnout, a voice for children who otherwise are ignored by the systems of power, and a model for others who might join the effort to protect children and build social cohesion.

References:

- Bronfenbrenner, U. (2005). Ecological systems theory (1992). In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 106-173). Sage Publications Ltd.
- Feder, J, Fitzpatrick, S, Ziv, M (2023) *Foundations for a Peaceful World: The Transformative Power of Early Childhood Education to Promote Peace and Social Cohesion*. International Networking group on Peace Building with Young Children.
- Kidder, T. (2004) *Mountains Beyond Mountains*. Random House Publishing.



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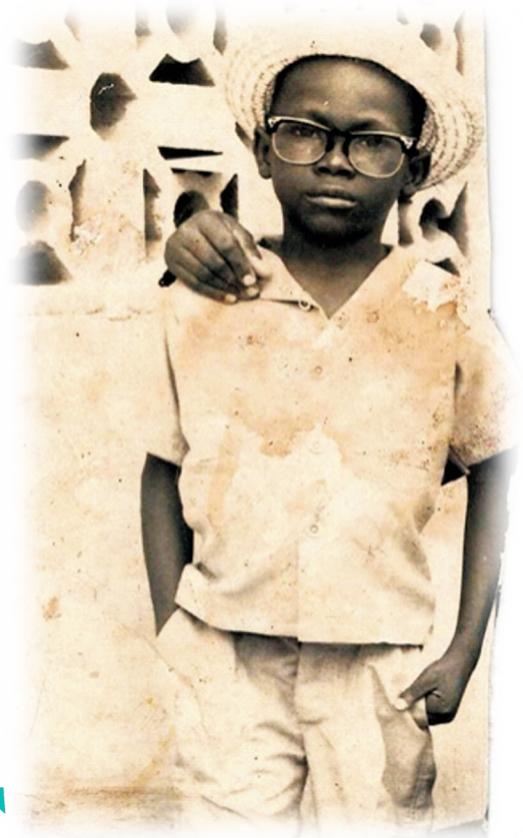
Obituary

Muideen Owolabi Bakare: A Rising Star in Autism and Neurodevelopmental Disabilities in Sub-Saharan Africa (1972-2023)

By: Kerim M. Munir, MD, DSc, Developmental Medicine Center, Boston Children's Hospital/Harvard Medical School

Muideen Owolabi Bakare, a leading figure in developmental neuropsychiatry passed away on October 9, 2023, from complications related to Sickle Cell Disease. Since our memorable meeting near Fenway Park, a decade and half earlier, we developed a close friendship and collaboration. I witnessed the truly amazing progress of his scientific and professional career. I never imagined that I will be writing about his untimely tragic loss.

To a very great extent, Muideen's life was a miracle. He was born in 1972 at a time in Sub-Saharan Africa when there was little awareness of Sickle Cell Disease. His parents were notified of his suspected condition when he was 9 months old. They remained steadfastly close and nurturing of him throughout his illness. Although he went on to experience severe joint and bone pains with recurring hospitalizations throughout his childhood, and developed a physical disability due to avascular necrosis of his left femur that limited his mobility, it never touched his spirit and his sense of humor.



Young Muideen in Ibadan in 1978

In his autobiography *Aro'mo L'Eéegun* (Harbinger of Bone Pains) he chronicled his life's journey. As Professor Myron Belfer, President Emeritus of IACACAP,

emphasized in the foreword of Muideen's autobiography *"he overcame obstacles that would have thwarted the dreams of most but of a person who had the gifts to always go beyond expectations."* Muideen was a brilliant student excelling in academics at school. He developed an interest in medicine inspired, rather than by being put off, by his continuing exposure to hospitals, doctors, and nurses, a tribute to the medical care he received in Nigeria. He entered medical studies at the University of Ibadan College of Medicine to help others like himself. He did not end up studying Sickle Cell Disease, although many of his subsequent studies in mental health remained highly relevant to chronic illness and disability.

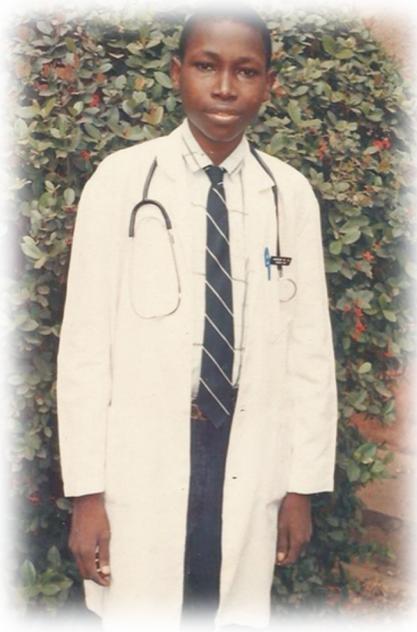
Muideen completed his medical studies graduating on time despite often taken ill. On one occasion he recalled being asked by one of the doctors why he chose to study medicine and why was he wasting funds when he knew he would soon die? Another bout of discouragement came when he tried getting an internship position at the University of Ibadan Teaching Hospital, despite being among the best graduating students. This posed a Herculean task, as there was an unwritten rule against taking Sickle Cell Disease patients serving as house officers, since it was felt it would impede their activities given the tedious and rigor of the work. There was a turnaround thanks to the influence of one of his esteemed teachers, Professor Wuraola Shokunbi, who was also the physician who took care of him during trying periods of hospitalization at medical school. She told him, *"Do your*

best, be among the best, and I will speak for you. And she did!" She was the Chair of the Medical Advisory Committee at the University College Hospital and supported his appointment. Muideen did brilliantly.

Dr. Patricia Ibeziako, a classmate at Ibadan, now an Associate Chief for Clinical Services at Boston Children's Hospital, shared her experience 6 years after their internship year when they were together at the IACAPAP World Congress in Melbourne, Australia: *"One morning during my internship back home, I had a bout of malaria and was contemplating calling in sick when I glanced out of the window to see my classmate Muideen Bakare limping to work. Muideen is another one of my personal heroes, and an uplifting example of how resilience thrives in the face of the adversities of a developing country. Living with sickle cell anemia, he not only made it through medical school and internship but was one of the first from our class to complete a residency in psychiatry. While my greatest worry about flying to Australia was jetlag, Muideen's blood count dropped to critical levels days before the conference. Still, he insisted on traveling to Melbourne to present his poster on emotional aspects of Sickle Cell Disease in adolescents – regardless of his own risk of developing a painful vaso-occlusive crisis during the long flight"*.

For Muideen, his struggle against Sickle Cell Disease was like *"a war you fight psychically and a war you fight in the arena of your mind."* When his hopes to

enter training in hematology could not materialize, Muideen found solace in psychiatry, and subsequently in child and adolescent psychiatry, under the influence of great teachers at Ibadan, Professors Oye Gureje, and Olayinka Omigbodun, respectively. He was appointed as a Consultant at the Federal Neuro-Psychiatric Hospital in Enugu where he began to pioneer research in neurodevelopmental disorders among Sub-Saharan African children with a special focus on autism spectrum and intellectual developmental disorders. He went to lead the Child and Adolescent Psychiatry Unit in Enugu.



Clinical medical student at University College Hospital, Ibadan, Nigeria in 1995

Muideen made the best of the opportunities presented to him, a tribute not only to his innate intelligence, but his tireless work ethic that served him well throughout his career. His work on

autism was recognized by the International Society for Autism Research (INSAR) as its Nigeria ambassador. He also served as Secretary of the Scientific Section on Psychiatry of Intellectual and Developmental Disorders of the World Psychiatric Association (WPA) and participated in the Expert Review Group of the ICD-11 Classification of Intellectual Disability of the WHO in 2011. He was an Expert Consultant at the World Innovation Summit in Health (WISH) Autism Forum in 2016 in Doha that published the report on Autism: A Global Framework for Action. He served as an invaluable co-author of the autism chapter in the IACAPAP e-Textbook. Two of his last publications include a collaboration with Autism Speaks on the validity and reliability of the Nigerian Autism Screening Questionnaire that he helped develop, and a joint commentary in the Lancet with other African investigators on the need to improve autism services in low resource settings.

Muideen was one of the first recipients of a Grand Challenges Canada (GCC) project grant in mental health co-sponsored by Bill and Melinda Gates Foundation on "Early Diagnosis and Interventions for Childhood Neurodevelopmental Disorders in Nigeria." The research sought to identify children with neurodevelopmental disorders (NDDs), 0-36 months, through the National Program of Immunization (NPI). The approach has been replicated in other low- and middle-income country settings. On this project, as well as others, Muideen worked closely with his friend and colleague, Dr. Mashudat Bello-Mojeed, at the Federal Neuro-

Psychiatry Hospital Child and Adolescent Mental Health Service Center in Lagos, Nigeria.

Muideen was a Donald Cohen Fellowship recipient of IACAPAP, as well as a Young Psychiatrist Awardee of the WPA. He presented at multiple international venues including IACAPAP, European Society of Child and Adolescent Psychiatry (ESCAP) and WPA, co-sponsored by our NIH program and the Leadership Education in Neurodevelopmental Disability (LEND) program at Boston Children's where he was a visiting international scholar.

Muideen's contributions were laser focused on Sub Saharan Africa on the epidemiology and psychobiology of autism and NDDs. His publication record ranged from developmental and clinical epidemiology of autism and NDDs, to training of medical students, nurses, and community care workers in mental health, with the goal for broader

enhancement of understanding of developmental childhood disorders, highlighting barriers related to stigma and social exclusion. Muideen was also instrumental in design of the "Knowledge about Childhood Autism among Health Workers (KCAHW) Questionnaire" for assessing knowledge of healthcare workers about childhood autism aimed at early identification of symptoms and signs with the goal of improving their prognosis. He has also the single author of an undergraduate textbook on Fundamentals of Psychiatry.

Muideen's research showed that autism in children in Sub-Saharan Africa is often diagnosed quite late presenting with higher level of comorbidity with intellectual disability as well as other associated behavioral problems due to reluctance and stigma related to seeking help. Yet, the gains in childhood survival in Sub-Saharan Africa during his tenure made it more critical to intervene and serve an ever-increasing number of

Muideen's presentation session at a scientific symposium session, 22nd IACAPAP World Congress in Calgary, Canada



children facing NDDs. His research also emphasized the need to help support parents and families to improve their quality of life.

In addition to autism, Muideen was involved in research aimed at identifying co-morbid physical and psychological problems among children with intellectual developmental disorders. He was first to apply an alternative method for assessment of intelligence quotient (I.Q) in Sub-Saharan African children emphasizing the biasing influence of socio-cultural factors on IQ assessment. In addition, he wrote on issues of pharmacogenetics and psychotropic medications prescription patterns, as well as possible role of hypomelanosis and vitamin D related to phenotypic expression of homozygous Sickle Cell Disease.

In summary, Dr. Bakare is a truly unique researcher in the field of developmental neuropsychiatry with a continuous record of scholarly peer reviewed publications. He leaves behind his wife and a young son, Michael. Child and Adolescent Psychiatry and Mental Health will remain indebted to his legacy in helping to shift the center of gravity to truly global representation of autism and childhood neurodevelopmental disorders.

Albert Einstein's words epitomizes Muideen's life: *"Strange is our situation*

here on earth. Each of us comes for a short visit, not knowing why, yet sometimes seeming to divine purpose. From the standpoint of daily life, however, there is one thing we do know: That we are here for the sake of humanity...for the countless unknown souls with whose fate we are connected by a bond of sympathy. Many times a day I realize how my own outer and inner life is built upon the labors of my fellow human beings, both living and dead, and how earnestly I must exert myself in order to give in return as much as I have received and am still receiving".

CAPMH Corner

By: Lakshmi Sravanti, India
Associate Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the December 2023 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - Suicidal behaviours and their correlates in school-going Lebanese adolescents: findings from a national survey (Dadras and Wang., 2023), Prevalence of sleep disturbance among adolescents with substance use: a systematic review and meta-analysis (Phiri et al., 2023) and Short-term cognitive effects of repeated-dose esketamine in adolescents with major depressive disorder and suicidal ideation: a randomized controlled trial (Lan et al., 2023).

Research | [Open access](#) | [Published: 12 July 2023](#)

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Suicidal behaviours and their correlates in school-going Lebanese adolescents: findings from a national survey

[Omid Dadras](#)  & [Chia-Wen Wang](#)

[Child and Adolescent Psychiatry and Mental Health](#) 17, Article number: 89 (2023) | [Cite this article](#)

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Dadras and Wang et al., (2023) highlight the risks associated with adolescence and the need to study suicidal behaviours among Lebanese adolescents. They investigate the prevalence and association of suicidal behaviours with physical/psychological harm and substance use in adolescents in Lebanon.

The team carries out a secondary data analysis using data from the 2017 Lebanon Global School -based Student Health Survey (GSHS). The Centres for Disease Control and Prevention (CDC) employs a two-stage cluster sample

design to ensure a representative sample of students in Grades 7-12. Fifty-six of the 64 selected schools participate in the survey, resulting in a school response rate of 88%. And 5717 of the 6152 selected students complete the survey leading to a student response rate of 93%. They administer the standard GSHS questionnaire to the students during a regular class period. They analyse the outcome variables suicidal ideation and suicide attempt using specific questions generating binary "yes" or "no" answers. They conduct multivariate analysis and logistic regression analysis.

The authors report that the mean age of participants was 14.60 (\pm 0.14) years old and there was a relatively equal weighted proportion of males (46.81%) and females (53.19%). An estimated 13.45% of Lebanese adolescents in Grades 7-12 seriously considered suicide in the previous year, of whom 46.82% attempted suicide. Females were more likely to attempt suicide (aOR = 1.35; 95%CI : 1.02-1.78). About 73% of the adolescents reported having parental support (understanding of worries and problems) sometimes/most of the time/always in the last 30 days, and they were less likely to consider suicide than those who did not receive such support. They further add that 17.47% of the adolescents had a history of drinking alcohol at least once a month, and only 8.21% had \geq 2 drinks per day on occasion. Alcohol consumption was associated with a higher likelihood of suicidal ideation and attempt, with higher frequency and quantity being strong predictors of a higher risk of suicidal behaviours. They also mention that 141 (2.39%) and 90 (1.52%) adolescents reported, marijuana and amphetamine use at least once in their lifetime, respectively, There was a significant association between ever (aOR = 6.09; 95%CI : 4.09-9.08) or current (aOR = 6.00; 95%CI : 2.94-12.24) marijuana and ever amphetamine (aOR = 4.16; 95%CI : 2.50-6.91) use with suicidal ideation but not with subsequent suicide attempts, except for marijuana use (aOR = 2.66; 95%CI : 1.24-5.67).

The team acknowledges the limitations of their study - underreporting

(teenagers who lacked relevant demographic information or not enrolled in school were excluded); inability to determine the factors that lead to a successful suicide attempt; and inability to establish causal relationships due to cross-sectional nature of the study. They underscore that the data were drawn from the WHO's Global Schools Health Survey, and the study's large sample size ensured the diversity and representativeness of the data. They conclude that future interventions and policies should consider the attributes of the risk group susceptible to engaging in suicide attempts identified in the study when monitoring target groups and highlight the importance of awareness campaigns engaging all stakeholders, particularly parents.



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Research | [Open access](#) | [Published: 26 August 2023](#)[Click here to access the article](#)

Prevalence of sleep disturbance among adolescents with substance use: a systematic review and meta-analysis

[Doreen Phiri](#), [Vivi Leona Amelia](#), [Muhammad Muslih](#), [Lindelwa Portia Dlamini](#), [Min-Huey Chung](#)  & [Pi-Chen Chang](#) 

Child and Adolescent Psychiatry and Mental Health 17, Article number: 100 (2023) | [Cite this article](#)

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Phiri et al., (2023) emphasize that sleep disturbances have become a public health concern and elaborate the most common categories of sleep disturbance in the International Classification of Sleep Disorders-Third Edition (ICSD-3). They highlight the neurobiological changes in the circadian rhythm and sleep homeostasis, and substance use leading to sleep disturbances in adolescents. They conduct a systematic review and meta-analysis that examined the prevalence and categories of sleep disturbance among adolescents with substance use.

The authors register their study with PROSPERO. Subsequently they selected search terms following the population, exposure, and outcome (PEO) format, where P is adolescents, E is substance use, and O is sleep disturbance. They search for relevant studies in CINHALL (via EBSCOhost), PubMed, Scopus, Ovid Medline, Embase, PsychINFO (via EBSCOhost), and the Web of Science from inception to October 2021. They also identify additional relevant studies by manually searching the reference lists of the included studies and other

reviews. They use endnote version X9 to screen papers. Two independent reviewers screen and select the articles. They consult a third reviewer when they could not agree. They include observational studies (cross-sectional or cohort) involving adolescents aged 10 to 24 years who used substances (alcohol, smoking, marijuana, and coffee) and experienced sleep disturbance due to substance use [insomnia, hypersomnolence, and sleep-related breathing disorders (SRBDs)]. They exclude research abstracts, duplicate studies low-quality studies, non-observational studies, and non-English studies. They systematically carry out data extraction, quality assessment [using a critical appraisal tool developed by the Joanna and Briggs Institute (JBI)] and data analysis (using Comprehensive Meta-Analysis software version 3, random-effects model to consider the uncertainty caused by the variations among the included studies, generate Forest plots and determine p values for the Cochran Q statistic to evaluate the heterogeneity of studies). They also generated a funnel plot to examine the presence of publication bias.

The team includes eighteen articles published between 1993 and 2021 in their study. They report that all the studies included both female and male adolescents with a mean age of 15 (standard deviation: 3.32, range: 10 to 20) years. The percentage of males was slightly higher than that of females (50.2% vs. 49.8%). The total sample size was 124,554, ranging from 596 to 28,839. Most of the studies were conducted in the United States (n = 6) and Europe (n = 6), and five studies were conducted in Asia and one in Oceania. The majority of participants were from Asian countries (n = 47,511). They mention that 16 studies used a cross-sectional study design, and two studies used a prospective cohort study design. About 83% of the included studies used the self-report method of assessment, while the rest used the face-to-face method. They further report that the overall prevalence rate of sleep disturbance was 29% (95% CI: 0.201-0.403). Their subgroup analysis reveals that the prevalence rates of insomnia and hypersomnolence were higher among alcohol users (31%; 95% CI: 0.100-0.654) and smokers (46%; 95% CI: 0.232-0.700). The source of variation in the included studies were the study design and method of assessment groups that were the significant moderators.

The authors mention the strengths of their study and - team conducted a meta-analysis to determine the prevalence rate and categories of sleep disturbance; included high- to moderate-quality studies; and the majority of the included studies had

adequate sample sizes. They also acknowledge its limitations - the number of studies was insufficient to pool prevalence rates among the categories of sleep disturbance and substances used; all the included studies used subjective measures of outcomes; the lack of information on other psychiatric comorbidities related to sleep disturbance and substance use among adolescents. They indicate that sleep disturbances among adolescents with substance use could be a global concern that warrants research attention and suggest future studies should include longitudinal studies for more insights on the effects of substance use on sleep disturbances over a longer period among adolescents. They conclude by highlighting the clinical implications of their findings - which can help healthcare providers develop focused effective interventions and underscore the importance of preventive and promotive school health educational programs in reducing substance use and improving regular sleep and wake time timetables among adolescents.

Research | [Open access](#) | [Published: 14 September 2023](#)

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Short-term cognitive effects of repeated-dose esketamine in adolescents with major depressive disorder and suicidal ideation: a randomized controlled trial

[Xiaofeng Lan](#), [Chengyu Wang](#), [Fan Zhang](#), [Haiyan Liu](#), [Weicheng Li](#), [Yanxiang Ye](#), [Zhibo Hu](#), [Siming Mai](#), [Yuping Ning](#) ✉ & [Yanling Zhou](#) ✉

Child and Adolescent Psychiatry and Mental Health 17, Article number: 108 (2023) | [Cite this article](#)

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Lan et al., (2023) discuss the safety and success of ketamine and its enantiomer in treating depression and the possibility of cognitive deficits due to its use. They aim to evaluate the effects of esketamine on cognition in adolescent population with MDD and suicidal ideation. They conduct a secondary analysis of the data obtained from a randomized (1:1), double-blind, placebo-controlled trial that was done in the Affiliated Brain Hospital of Guangzhou Medical University between December 2020 to April 2022 (Liu et al., 2022).

The team screens a total of 155 participants for eligibility from the original trial and enroll 54 who received at least one infusion of the study drug. They randomize participants in a 1:1 ratio to receive three infusions of either esketamine hydrochloride or midazolam (active control) via a computer-generated randomization scheme and administer study drugs on Days 1, 3 and 5. They infuse Esketamine 0.25 mg/kg or midazolam 0.02 mg/kg in 50 ml 0.9% of saline over 40 min via an infusion pump. The authors note that all potential

participants were admitted to hospital and received standard care treatment. They administer Montgomery-Asberg Depression Rating Scale (MADRS), the first five questions of the Beck Scale for Suicide Ideation (SSI), 17-item Hamilton Depression Rating Scale (HAMD-17) at screening, clinician-rated Columbia suicide severity rating scale (C-SSRS), and the Chinese version of MATRICS consensus cognitive battery (MCCB) administered at baseline, Days 6 and 12. They perform statistical analysis by the intention-to-treat (ITT) principle.

The authors include 51 participants (25 in the midazolam group and 26 in the esketamine group) who completed measurements of cognitive performance and clinical symptoms both at baseline and Day 6 were included in the final analyses. They note that the generalized estimation equation showed no significant association between baseline cognition and antidepressant or antisuicidal effect (both $P > 0.05$), and that the Esketamine group showed improvement in processing speed from baseline to Days 6 and 12, and working

memory from baseline to Day 12 (all $P < 0.05$).

The authors mention that their team was the first to give a full report of the effects of repeated esketamine infusions on the cognition of adolescents. They also acknowledge the limitations of their trial - secondary analysis of a randomized trial that was not powered to detect changes in cognition due to its relatively small sample size; cognitive performance was only assessed at baseline, Days 6 and 12; did not include sustained attention, social cognition and other common cognitive impairments seen in adolescents with depression; suicidal ideation was assessed using only the first five items of SSI; oral antidepressant medications were provided concomitantly with esketamine or midazolam during the infusion phase; and repeated measures of MCCB within 12 days may have learning/practice effects especially in the dimensions of processing speed and working memory. They conclude that three low-dose esketamine infusions did not impair the short-term cognitive function of adolescents with MDD and suicidal ideation; conversely, it improved processing speed.

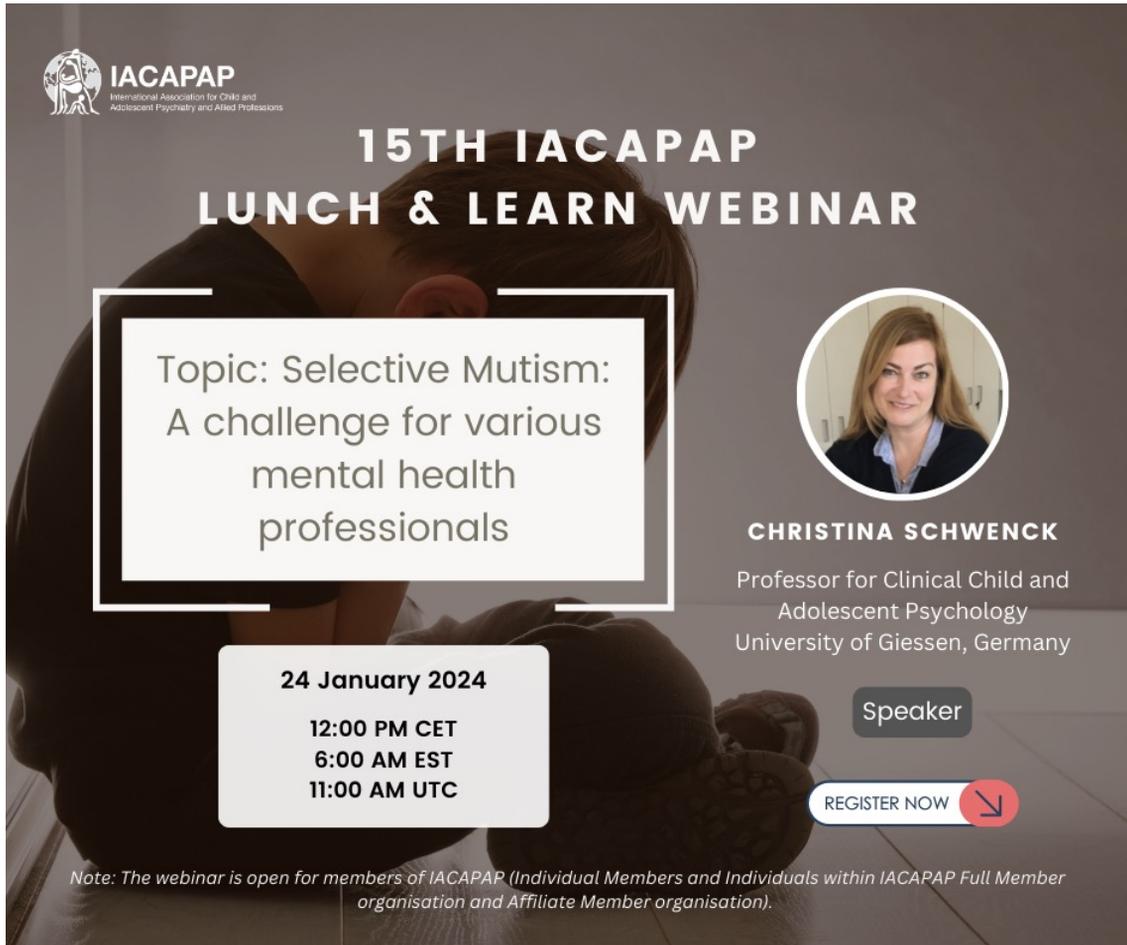
REFERENCE

Dadras, O., Wang, CW. Suicidal behaviours and their correlates in school-going Lebanese adolescents: findings from a national survey. *Child Adolesc Psychiatry Ment Health* 17, 89 (2023). <https://doi.org/10.1186/s13034-023-00642-7>.

Lan, X., Wang, C., Zhang, F. et al. Short-term cognitive effects of repeated-dose esketamine in adolescents with major depressive disorder and suicidal ideation: a randomized controlled trial. *Child Adolesc Psychiatry Ment Health* 17, 108 (2023). <https://doi.org/10.1186/s13034-023-00647-2>.

Liu, H., Lan, X., Wang, C., et al. (2022) The efficacy and safety of esketamine in the treatment of major depressive disorder with suicidal ideation: study protocol for a randomized controlled trial. *BMC Psychiatry*, 22(1), 744.

Phiri, D., Amelia, V.L., Muslih, M. et al. Prevalence of sleep disturbance among adolescents with substance use: a systematic review and meta-analysis. *Child Adolesc Psychiatry Ment Health* 17, 100 (2023). <https://doi.org/10.1186/s13034-023-00644-5>.



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Topic: Selective Mutism:
A challenge for various
mental health
professionals

CHRISTINA SCHWENCK
Professor for Clinical Child and
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University of Giessen, Germany

Speaker

24 January 2024
12:00 PM CET
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The International Association for Child and Adolescent Psychiatry and Allied Professions is pleased to announce the Call for Nomination for the International Contribution Award 2024.

The International Contribution Award is sponsored by the Korean Academy of Child and Adolescent Psychiatry (KACAP) and is presented by the IACAPAP to recognise the accomplishments of a senior individual who has made outstanding contributions to CAMH (Child and Adolescent Mental Health) in the developing world. The award underscores the contributions of the individual to service development, research and/or teaching in Low or

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For more information, please visit <https://iacapap.org/events/international-contribution-award-2024.html>

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

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

A. Timeline

- Application open: 8 August 2023
- Application deadline: 1 March 2024
- Notification of outcome: **15 March 2024**

B. Nature of Grant

The grantee of the IACAPAP Travel Grant receives the following to attend IACAPAP conferences:

- Up to USD 1,000 (one thousand US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel within the continent OR
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Note: All receipts must be submitted within 30 days of the event to be reimbursed. Each recipient will be responsible for booking their hotel and flight. IACAPAP do not release fund for book flight or accommodation before any conference. The travel grant will be distributed within 30 days upon receiving the completed submission of the required documentation. Funds will not be distributed without receipts.

C. Eligibility

1. Only **IACAPAP Individual Members** may qualify for an IACAPAP Education Travel Grant 2024.
2. Current membership in IACAPAP at the time of submission, notification and event dates.
3. The candidate cannot receive two consecutive travel grants.
4. Formal abstract submission is required for the respective conference you wish to attend. Please have the abstract submission number available to complete this form online.
5. The applicant must be registered and have fully paid to attend the IACAPAP conference.
6. The applicant must be an author of a full, short or demo paper and be the one presenting the work at the conference.

D. Application

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

1. Letter of recommendation/reference from current supervisor (300 words max) indicating name, affiliation, address, and contact details.
2. Curriculum vitae, maximum 02 pages, including previous awards, education, publications, research activities and further information deemed relevant.
3. A copy of the abstract you have submitted.
4. A copy of the letter of invitation from the conference organiser indicating that you are presenting your paper during the conference.
5. A copy of the official receipt for the congress registration.

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

E. Notification of Outcome

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

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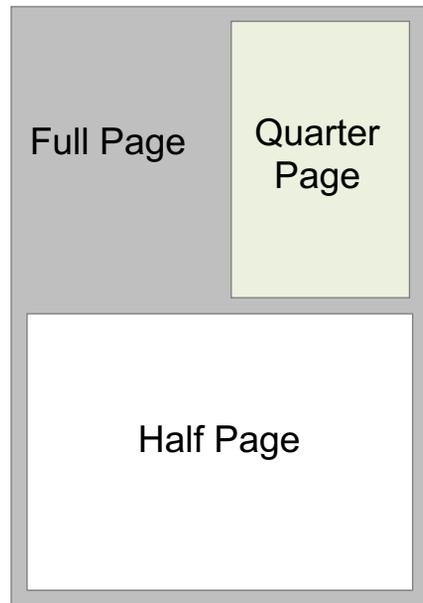
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American Academy of Child and Adolescent Psychiatry (AACAP), United States

Argentine Association of Infant Psychiatry Youth and Related Professions, Argentina | Asociación Argentina de Psiquiatría Infanto Juvenil y Profesiones Afines (AAPI)

Association for Child and Adolescent Mental Health (ACAMH), United Kingdom

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

Association for Child and Adolescent Psychiatry in Bosnia and Herzegovina, Bosnia and Herzegovina

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

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

Bangladesh Association for Child & Adolescent Mental Health (BACAMH), Bangladesh

Brazilian Association of Neurology, Child Psychiatry and Allied Professions, Brazil | Associação Brasileira de Neurologia, Psiquiatria Infantil e Profissões Afins (ABENEPI)

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

Canadian Academy of Child and Adolescent Psychiatry (CACAP), Canada

Child and Adolescent Psychiatry Section of Polish Psychiatry Association

Chilean Society of Child and Adolescent Psychiatry and Neurology, Chile | Sociedad de Psiquiatría y Neurología de la Infancia y Adolescencia (SOPNIA)

Chinese Society of Child and Adolescent Psychiatry (CSCAP), China

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

Egyptian Child and Adolescent Psychiatry Association (ECAPA), Egypt

Emirates Society for Child Mental Health (ESCAM), United Arab Emirates

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

Finnish Society for Child and Adolescent Psychiatry (LPSY), Finland

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

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

French-Speaking Child and Adolescent Psychiatry Belgian Society (SBFPDAEA), Belgium

Georgian Association of Children Mental Health (GACMH), Georgia

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

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

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

Icelandic Association for Child and Adolescent Psychiatry, Iceland

Indian Association for Child and Adolescent Mental Health (IACAM), India

Indonesian Association of Child and Adolescent Mental Health, Indonesia | Perkumpulan Kesehatan Jiwa Anak dan Remaja Indonesia (PERKESWARI)

Iranian Association of Child and Adolescent Psychiatry (IACAP), Iran

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

Japanese Society of Child and Adolescent Psychiatry (JSCAP), Japan

Korean Academy of Child and Adolescent Psychiatry (KACAP), Korea

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

Lithuanian Society of Child and Adolescent Psychiatry (LVPPD), Lithuania

Malaysian Child and Adolescent Psychiatry Association (MYCAPS), Malaysia

Mexican Association of Child Psychiatry, Mexico | Asociación Mexicana de Psiquiatría Infantil A.C. (AMPI)

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

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

Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association, Slovak

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

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

Slovenian Association for Child and Adolescent Psychiatry, Slovenia | Združenje za otroško in mladostniško psihiatrijo (ZOMP)

Spanish Association of Child and Adolescent Psychiatry, Spain | Asociación Espanyola de Psiquiatria de la Infancia y la Adolescencia (AEPNYA)

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Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP), Sri Lanka

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

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

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

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The Israel Child and Adolescent Psychiatric Association, Israel

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

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

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP), Taiwan

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Turkish Association of Child and Adolescent Psychiatry (TACAP), Turkey

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