President’s Message

I would like to focus this column on the World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) which took place in Rio de Janeiro last month. First, I would like to thank all the delegates who joined us, making it an unforgettable meeting.
CONTENTS

Editor
Hesham Hamoda (Boston, USA)

Correspondents
Andrea Abadi (Buenos Aires, Argentina)
Birke Anbesse Hurrissa (Addis Ababa, Ethiopia)
Tolu Bella-Awusah (Ibadan, Nigeria)
Füşun Çuhadaroğlu Çetin (Ankara, Turkey)
Francisco Rafael de la Peña Olvera (Mexico DF, Mexico)
Daniel Fung (Singapore, Singapore)
Naoufel Gaddour (Monastir, Tunisia)
Jing Liu (Beijing, China)
Sigita Lesinsiene (Vilnius, Lithuania)
Manju Mehta (New Delhi, India)
Dmytro Martsenkovskyi (Kiev, Ukraine)
Monique Mocheru (Nairobi, Kenya)
Cecilia Montiel (Maracaibo, Venezuela)
Yoshirō Ono (Wakayama, Japan)
Thiago Gatti Pianca (Porto Alegre, Brazil)
Veit Roessner (Dresden, Germany)
Anne-Catherine Rolland (Reims, France)
Norbert Skokauskas (Dublin, Ireland)
Sifat E Syed (Bangladesh)
Olga Rusakovskaya (Moscow, Russia)
Dejan Stevanović (Belgrade, Serbia)
Laura Viola (Montevideo, Uruguay)
Chris Wilkes (Calgary, Canada)
Azucena Díez-Suárez (Pamplona, Spain)
Cecilia Hernández-González (Cádiz, Spain)

Former Editors
Myron Belfer 1994
Cynthia R. Pfeffer 1995
Cynthia R. Pfeffer & Jocelyn Yosse Hattab 1996-2004
Andrés Martin 2005-2007
Joseph M. Rey 2008-2018

IACAPAP President’s Message

IACAPAP Challenge Grant

One to Remember! The 26th World Congress of IACAPAP in Brazil

Creating the Leaders of Tomorrow: DJCFP 2024

Frameworks for Adolescent Sexuality in Nigeria and Implications for Inclusivity and Diversity

IACAPAP Statement on the Gaza Conflict and the Impact on Children’s Mental Health

27th World Congress of IACAPAP | Save the Date

CAPMH Corner

18th IACAPAP Lunch & Learn Webinar

Member Association’s Corner | Call for Nomination – 6th Annual ACAMH Award 2024

Endorsed Event | AACAP Meeting 2024

IACAPAP Bulletin Advertising Opportunities

IACAPAP Member Organisations

IACAPAP Officers (2022-2026)
President’s Message

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

Dear colleagues and friends of the IACAPAP,

I would like to focus this column on the World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) which took place in Rio de Janeiro last month. First, I would like to thank all the delegates, who joined us, making it an unforgettable meeting. It was, as expected, the most well-attended IACAPAP Congress ever with around 3000 registrants and 2272 delegates from 76 countries. These are amazing numbers considering the distance many travelled from all over the globe.

Our scientific agenda, where worldwide leading clinicians and researchers and young professionals presented the most up-to-date data from the field, was truly engaging with 114 symposia, 180 oral communications, 191 poster presentations and 444 poster exhibitions, all reflecting a very diverse portfolio of relevant topics on child and adolescent mental health. We also inaugurated the IACAPAP arena. The arena was a small, welcoming space in the center of the Congress that facilitated conversations about relevant, interesting, and captivating topics and stories from clinical & research on child and adolescent mental health. It was a huge success and was well attended in all sessions.

The city of Rio de Janeiro offered our attendees a stunning landscape and five sunny days! Inside this bulletin, our delegates will find more details and photos to remind them of all the good memories that were made at the Congress, and a chance for those who could not attend the meeting to learn more about this wonderful event with hopes that they join our next congress.

As mentioned in the opening ceremony of the Congress, there is an African saying that you need a village to raise a child. To pull off a successful Congress like this with 2,272 delegates from 76 nationalities you need a village of good...
people! Thus, we are very grateful for the countless number of people who worked tirelessly to make this Congress a success, with special mention for our committee members, speakers, sponsors, and our gracious host Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI). I would also like to take this opportunity to make two special thanks. The first to Professor Guilherme Polanczyk, the president of the IACAPAP’s Congress, who dedicated so much energy, time, and work to make this Congress happen. The second to CCM our professional congress organizer, who worked, as usual, so efficiently and kindly.

We now pass the baton to our good friends Professor Tobias Banaschewski, who will be the President of the next congress in Hamburg, Germany in 2026, and CPO Hanser who is taking the position of the new IACAPAP core organising team, as mentioned in a previous bulletin. The last World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Germany was 20 years ago in Berlin. And up to this past one in Rio, it was the most well attended IACAPAP congress. Thus, we count our IACAPAP community to give their support once again in giving the title back to Germany! The theme of the 2026 Congress will be: “Facing challenges in a constantly changing world: Empowering child and adolescent mental health through evidence-based approaches.” This theme could not be more important and timely, see reasons in the paper discussed at the end of this column.

During this year’s congress, Brazil was experiencing one of the worst climate disasters in its history. An enormous flood in Rio Grande do Sul, which lies in southernmost state of the country, displaced around 650,000 people from their homes. Currently 70,000 people are forced to live in temporary shelters due to the flooding. It’s an enormous humanitarian disaster, and the needs are high. IACAPAP received letters and documents describing horrible situations children are facing due to environmental disasters and wars worldwide. We must ask ourselves, can we as an IACAPAP community do more to help these children and their families? Our last declaration about humanitarian issues was more than 20 years ago. We do have many documents on our website with some guidelines and a chapter in our IACAPAP textbook on how to better serve children and their families during humanitarian emergency. But is this enough? We think it’s not enough. To meet this gap, we are in the early stages of the creation of new initiatives, in partnership with other NGOs, to better respond to these challenges. We are also strongly encouraging our community to take part in the IACAPAP Challenge Grant. The IACAPAP Challenge Grant is aimed at raising funds that will support programs, initiatives, activities, and events organised by IACAPAP. We are particularly dedicated to developing initiatives that provide emotional support for children and their families living in areas affected by natural disasters and
It was initiated by Professor Myron Belfer, the Honorary President of IACAPAP, who has pledged to match all donations collected for this grant. Visit our webpage at https://www.crowdify.net/en/project/iacapap-challenge-grant/project and help us create initiatives that really matters for these children and their families.

I would also like to update you on the progress made these last three months in the collaboration between IACAPAP and the Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute:

- SNF Global Center Clinical Fellowship Program for LMICs: The first three candidates from Mozambique—they include a psychiatrist, psychologist, and an occupational therapist—are currently receiving clinical training in Brazil. They were active participants in the Rio Congress. They were also accompanied by Dr. Helena Daniel and Prof. Lidia Gouveia, two psychiatrists from the Mozambique National Health Service. For more info please read the press release here: https://childmind.org/blog/snf-and-iacapap-announces-clinical-fellows/).

- SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank (for more information on the initiative please see in a previous bulletin): this project aims to provide free, open, multinational, multilingual, and multidimensional tools that accurately assess 17 mental health conditions in children and adolescents worldwide. Those tools will be free and available in multiple languages. They can be used to
create specific forms for prevalence estimation, screening, and treatment response. As planned, we have started the consultation with hundreds of clinicians and researchers worldwide to assess cultural relevant and appropriateness. Plans for psychometric assessment and translatability are also underway.

Moving to another topic, as you might remember, the WHO Essential Medicines List (WHO-EML) contains the medications considered to be most effective and safe to meet the most important needs in a health system. The list is frequently used by countries to help develop their own local lists of essential medicines. As of 2016, more than 155 countries have created national lists of essential medicines based on the WHO-EML. Methylphenidate for the treatment of ADHD in children and adolescents is not part of the list despite previous efforts from various groups and associations. The fact that methylphenidate is not part of the list keeps millions of children affected by ADHD without any pharmacological treatment for the disorder worldwide. To attempt to rectify this situation, IACAPAP established a partnership with the World Federation of ADHD to form an international committee to prepare a new appeal to include methylphenidate in the WHO-EML during 2024. We are happy to announce that Professor Molina Brooke and Professor Philip Shaw have agreed to co-lead this initiative. They have invited a diverse group of members from different countries, all without any conflict of interest, who will work on this document. The work will be developed independently of any influence of IACAPAP and WFADHD, and the document produced is expected to be endorsed by both associations to send to WHO next December.

As you might remember, our antepenultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in scientific literature. In this column, I would like to highlight a paper published in JAMA this year: (Upadhyay RP, Taneja S, Chowdhury R, Dhabhai N, Sapra S, Mazumder S, Sharma S, Tomlinson M, Dua T, Chellani H, Dewan R, Mittal P, Bhan MK, Bhandari N; Women and Infants Integrated Interventions for Growth Study (WINGS) Group. Child Neurodevelopment After Multidomain Interventions From Preconception Through Early Childhood: The WINGS Randomized Clinical Trial. JAMA. 2024 Jan 2;331(1):28-37. doi: 10.1001/jama.2023.23727). The authors report on neurodevelopmental outcomes related to the Wings protocol, enrolling 13500 individuals in a randomized trial involving low- and middle-income neighborhoods in Delhi, India. The participants were allocated to four arms: preconception, pregnancy, and early childhood interventions. (A) preconception interventions only, (B) pregnancy and early childhood interventions only, (C) no preconception interventions, and routine pregnancy and early childhood care (D). The package of interventions included a very robust set of health, nutrition, psychosocial care and support, and WASH (water, hygiene
and sanitation) interventions. The findings regarding socio-emotional development for babies at 24 months were modest for all three interventions compared to routine treatment, despite the robustness of the interventions. Why this paper is so relevant? We have been emphasizing, as CAMH professionals, the importance of the early development period for the adequate development of individuals. This gives the sense that anything done at this period to ameliorate socio-emotional development would be extremely beneficial. The story told here does not support this belief, calling our attention to why well-designed investigations in the field are so needed. Back to the beginning of this column, this was another reason why IACAPAP and our German colleagues selected, “Facing challenges in a constantly changing world: Empowering child and adolescent mental health by evidence-based approaches,” as the theme of our next congress.

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

1. We have the first team from Mozambique already in training as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program and have the next host country defined (South Africa). The definition of the African partner country (the one who will send the fellows) is being finalized;
2. The congress in Rio was a great success;
3. The IACAPAP committee for a new appeal for WHO-EML to include methylphenidate in their essential list of medications is formed and working; and,
4. The cultural assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank to evaluate CAMH worldwide is moving forward at full speed now.

The auditable goals up to the next bulletin will be:

1. Achieve our threshold for the IACAPAP Challenge Grant. For this, we will need your support!
2. Finalize the definition of the African partner country (the one who will send the fellows) as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program.
3. Present preliminary results from the cultural assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank.

I hope you all enjoy reading our Bulletin.
We are thrilled to announce the launch of our Challenge Grant, a crucial initiative aimed at raising funds to support our programs, initiatives, activities, and events. At IACAPAP, we are particularly focused on developing initiatives that provide vital emotional support for children and their families living in areas affected by disasters and war.

This grant was inspired by Prof. Myron Belfer, the Honorary President of IACAPAP, who has generously pledged to match all donations collected, doubling the impact of your contribution.

Your support can change lives. By donating to the IACAPAP Challenge Grant, you help us reach our goal and unlock additional funding. Your contribution will directly aid in providing critical emotional support to children who have experienced unimaginable hardships.

Take action now. Visit the IACAPAP Challenge Grant site and click the ‘Boost Project’ button. Your support is more than just a donation; it’s a beacon of hope for children and families in desperate need of care and support.

For questions, please contact us at info@iacapap.org.
One to Remember! The 26th World Congress of IACAPAP in Brazil

By: Guilherme V. Polanczyk, MD, PhD,
Congress Chair and Associate Professor of Child and Adolescent Psychiatry
University of São Paulo Medical School

For the first time in the history of our association, the 26th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions was held in South America, hosted by the vibrant and culturally rich city of Rio de Janeiro, Brazil. This historic event marked a significant milestone in our efforts in sharing knowledge, fostering collaboration, and advancing our understanding of mental health problems faced by young people worldwide. The success of this congress was made possible through the collaborative effort of colleagues from across Brazil and Latin America.

The congress commenced with an inspiring opening ceremony that set the tone for the meeting, combining science and culture. Miguelzinho do Cavaco, a 13-year-old boy played Brazilian classics including “Girl from Ipanema,” “Aquele Abraço,” and “O que é, o que é?”—songs that captured the spirit and cultural richness of Brazil.

The ceremony featured the compelling opening address by Tom Osborn titled “Decolonizing the Mind,” which explored the critical theme of addressing and dismantling the lingering effects of colonialism on mental health practices.
The 26th World Congress of IACAPAP – Country Photo Booth

Congress delegates attended the Opening Ceremony of the Congress.

Performance by Miguelzinho do Cavavo at the Congress Opening Ceremony

The 26th World Congress of IACAPAP in Brazil

One to Remember! The 26th World Congress of IACAPAP in Brazil
and perspectives. After the ceremony, delegates were delighted by a vibrant performance from Mangueira do Amanhã, the youth wing of the famed Mangueira Samba School. Their lively show added an energetic and culturally rich backdrop, celebrating the local heritage and bringing the flavors of Brazilian carnival to the event.

The congress took place in the stunning neighborhood of Barra da Tijuca, right in front of the sea. The picturesque setting provided delegates with breathtaking ocean views. The warmth and hospitality of the local people added to the welcoming atmosphere, making participants feel at home and enhancing the overall experience. Throughout the congress, various critical themes were explored, featuring insightful keynote conferences. New formats for activities were organized: debates, grand round, and a scientific arena. A significant feature of the program was the wealth of symposiums submitted by delegates, showcasing the diverse research and clinical advancements from around the world. These symposiums provided a platform for professionals to present their work and engage in rich, collaborative discussions. Delegates also had the opportunity to present their work in dedicated poster sessions and oral communication sessions. These sessions allowed for dynamic exchange of ideas, fostering an environment where innovative research and effective practices could be shared and discussed by a senior colleague and peers.

In addition to the academic sessions, the congress included networking events and social activities, fostering connections between professionals from different regions. This edition marked the 20th year of the Donald J Cohen Fellowship Program (DJCFP). The program plays a critical role in nurturing the new generation of mental health professionals dedicated to children and adolescents. Hundreds of colleagues have experienced the program as mentors and fellows, and all the DJCFP community met and celebrated this important milestone in Rio de Janeiro.
The success of this congress would not have been possible without the extensive efforts and support from countries across Latin America. Their contributions were pivotal in organizing and promoting the event, ensuring wide participation and representation. The dedication and collaboration of Latin American professionals underscored the region’s commitment to advancing child and adolescent mental health.

The congress concluded with a strong sense of accomplishment and a shared commitment to the mission of IACAPAP - improving mental health of children and adolescents worldwide. The discussions and networks formed during the congress are set to influence future directions in the field. The 26th World Congress of IACAPAP in South America was a resounding success, reflecting the collective efforts of all involved. We extend our deepest gratitude to the speakers, attendees, sponsors and the PCO CCM for making this event possible. We look forward to continuing this journey of collaboration and learning and to meeting the IACAPAP community in Hamburg!

This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP’s bureau or executive committee.
Creating the Leaders of Tomorrow: DJCFP 2024

By: Tanya Manchanda¹, Mehr Muhammad Adeel Riaz², Sewanu Awhangansi³, Maryna Nosyk⁴, Aya Aboelghar⁵, Clara Gitahy Falcão Faria⁶, Pedro Macul Ferreira de Barros⁷, Igor Duarte⁸ & Prabha Vidyatilake⁹

¹ University of Oxford, Department of Psychiatry. Oxford, UK
² Punjab Medical College, Faisalabad, Pakistan
³ Leicestershire Partnership NHS Trust, UK
⁴ University of Oxford, Department of Experimental Psychology, Oxford, UK
⁵ Icahn School of Medicine at Mount Sinai/NYC Health and Hospitals/Elmhurst, Department of Psychiatry, New York, USA
⁶ University of Cambridge, Department of Psychiatry. Cambridge, UK
⁷ University of São Paulo, Department of Psychiatry. São Paulo, Brazil
⁸ MSc Graduate Program in Psychiatry and Behavioral Sciences, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil
⁹ Colombo North Teaching Hospital, Sri Lanka

Generation after generation, the Donald J. Cohen Fellowship (DJCF) has served as an institution fostering a shared commitment to community service and the creation of impactful work capable of stirring the depths of the human spirit. This year, 24 mental health professionals of diverse backgrounds convened for the DJCF, centered around child development, mental health challenges, and the shaping of the future of nations in Rio De Janeiro. In a field where rewards are not always immediate, this experience of fellowship underscored the importance of patience and observation, drawing inspiration from nature’s rhythms to opening our hearts to help others!

As they say, there are two possible ways to change an existing system. The first is to do it from the outside which demands significant energy and resources. The second is to nurture agents of change who can act locally, leading to global shifts that create new opportunities and ultimately make the world a better place. The latter approach was successfully adopted by the DJCF, where fellows could meet, share their ideas, hopes, and struggles, and benefit from the world-leading expertise of current leaders in the field.

The DJCF not only underscored the role of mentorship in our careers but also highlighted the profound impact of peer learning. Our peer learning extended beyond the congress schedule; it began at breakfast and continued through communal dinners and activities after the congress. This constant exchange of knowledge and perspectives created a rich tapestry of learning, where each contribution, no matter how small, added to our collective growth. Joaquin Fuentes’ words resonate deeply with us:
A group photo at the evening of the fellowship Welcome Ceremony. All smiles as we gear up for the conference and fellowship programme.
“The Donald J. Cohen Fellowship is not an award; it is a mission.” Reading these words might convey a sense of harshness but hearing them from a mentor was liberating. The focus of the DJCF was not on individual pressures or past achievements; instead, it emphasized fostering collaborations and setting future goals.

We were mentored by international leaders in the field of child and adolescent psychiatry—some were past fellows, and some were involved in the fellowship program for years. We attended inspiring talks and realized how high the past fellows of this program had climbed. Our daily mentorship groups were places where we could share our interests, and be encouraged to “never worry alone”, and where we had the opportunity to find those with whom we shared academic interests. The highlight for us was to gain a deeper understanding of how to create impact through scientific research and learn how global leaders in the field motivate others and conduct world-class presentations.

Our celebratory dinner with fellows, mentors, and past fellows reflected the program’s essence. Conversation flowed over a delicious meal, followed by inspiring talks by Ayesha Mian and Naoufel Gaddour, emphasizing the values of the DJCF. We ended the night engrossed in Brazilian samba—laughing, chatting, and connecting.

An African proverb says, “If you want to go fast, go alone. If you want to go far, go together.” The DJCF is an award of many honors, but its greatest value lies in allowing us to find those with whom we will go far. It is comforting to know that we will always be the Donald J. Cohen
2024 Fellows. Whenever we meet again, whether at conferences or in clinical settings worldwide, we will always be bound by the collective memories and experiences we shared in Rio de Janeiro. By the end of the program, we realized that the greatest privilege was not the award itself but getting to know the other fellows, hearing their stories, and forming meaningful connections. Below is a poem written by one of our fellows, Sewanu Awhangansi, which captures our experience of the fellowship program.

From generation to generation

In Rio’s embrace, 24 souls unite,  
Professionals young, their futures bright.  
Copacabana’s charm, waves dance in delight,  
A conference beckons, a promise of insight.

Atop Sugar Loaf, in the sky they soar,  
Majestic views, a scene to adore.  
Corcovado’s train, a journey to explore,  
Statue of Christ, a symbol evermore.

Maracanã’s roar, passion in the air,  
History whispers, victories rare.  
Praia da Baara da Tijuca, a moment to spare,  
Reflections shared, under the sun’s gentle glare.

From generation to generation, knowledge flows,  
Connections made, like rivers that rose.  
In Rio’s tapestry, each story interlaced,  
A conference journey, time can’t erase.

As they part ways, memories cling,  
Like echoes of laughter, in songs they sing.  
From Rio’s embrace, a new beginning,  
Inspired by moments, from generation to generation.

---

This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP’s bureau or executive committee.
Frameworks for Adolescent Sexuality in Nigeria and Implications for Inclusivity and Diversity

By Authors: Boladale Mapayi¹, Olakunle Oginni², Ibidunni Oloniniyi¹,³, Jibril Abdulmalik⁴, Olayinka Atilola⁵

¹ Department of Mental Health, Obafemi Awolowo University, Ile Ife, Nigeria
² Wolfson Centre for Young People's Mental Health, Cardiff University, UK
³ Essex Partnership University NHS Foundation Trust, Essex, UK
⁴ Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria
⁵ Department of Behavioural Medicine, College of Medicine, Lagos State University, Lagos, Nigeria

Background

Adolescents and young people make up about a third of Nigeria’s 200 million strong population [1]. This youthful population is largely ignored and faces enormous challenges when it comes to accessing information on sexual and reproductive health and rights (SRHR) [2]. They often rely on peer influence and social media and are plagued by inadequate information, shame, and stigma, cultural and religious bias. Adolescent sexuality, often shaped by many factors, including biology, culture, political terrain, emerging sexual orientation, and gender identity (SOGI) is mostly shrouded in secrecy in Nigeria and other low and middle-income countries [3]. This stalls access to reproductive health information, safe sex practices including condom use, and access to safe abortion. Gender identity, sexual orientation, and issues around sexuality for young people are often marred by religious, cultural, and societal biases [4]. The criminalization of non-heterosexual (same-sex) relationships facilitates discrimination, internalised stigma, and ‘conversion therapy’. These can increase the risk of mental health symptoms and disorders. Within this context, adolescents often have to hide confusing emotions with few safe spaces to obtain information and support. The Nigerian policy landscape is rife with adolescent health policies that have just begun to consider using available opportunities to promote inclusive and equitable services with the use of context-specific, and culturally adaptable resources.

Policy frameworks for adolescent sexuality in Nigeria

Nigeria has several policies that specifically target the health and development of adolescents and young people [5, 6, 7]. While recent revisions of
these policies have tackled several concerns around sexuality, the revisions still occur in the backdrop of other policies around sexuality which resonate more with contextual beliefs rather than global best practices, including the criminalization of same-sex relationships and non-recognition of gender non-conforming individuals in the policy landscape.

individuals experience as a consequence of their minority sexual identity. In addition to this, however, some of these adversities emerge earlier in life and manifest as neglect and abuse in the family setting; and bullying and other victimization at school and the broader social context [11]. While there is limited evidence for mental health disparities among sexual minority adults in Nigeria and other low- and middle-income settings [12]; very little is known about how minority stress may manifest during childhood and adolescence in these contexts.

The mental health profile of non-heterosexual adolescents and young people in Nigeria

Existing research indicates that sexual minority individuals (i.e., those who identify as lesbian, gay, and bisexual) experience higher rates of mental health difficulties including depressive and anxiety symptoms, suicidality, and substance use [8, 9, 10]. These disparities have been linked to the disadvantages that sexual minority among sexual minority adults in Nigeria

Challenges and opportunities for inclusivity and diversity in adolescent sexual and reproductive health in Nigeria

Numerous challenges exist in adolescent
SRHR in Nigeria, poor access to quality SRHR information, and services, and fear of stigma or harassment. Gender, ethnicity, sexual orientation, gender identity, disability, class, and other factors intersect to reduce access to services for some adolescents [13]. In most Nigerian communities, it is taboo to discuss sex with adolescents, they often do not ask questions relating to their sexuality, and this prevents their ability to make informed choices. Societal norms discourage adolescents from being knowledgeable about sexual issues, including their rights, which can lead to often unreported sexual exploitation and abuse. Currently, SRH education for adolescents in Nigeria is heteronormative, focusing on ableness, and exclusively catering to certain demographics of adolescents while leaving out other subpopulations.

There are many opportunities within the Nigerian context to improve diversity and encourage more inclusive frameworks that will be more responsive to the needs of all adolescents. This includes the provision of safe spaces for adolescents to learn about essential life skills; understand, and make decisions around their sexual and reproductive health and rights. There is a need to improve the implementation of the Family Life and HIV Education (FLHE) curriculum for in-school adolescents, advocacy to engender community engagement for SHRH and the use of virtual SRH education can help to facilitate access to equitable SRH education.

**Non-heterosexual adolescents with lived experience of ‘conversion therapy’ in Nigeria**

The majority of non-heterosexual adolescents in Nigeria and many other African countries with restrictive social and legal regulations on SOGI have experienced ‘conversion therapy’ (CT). CT is an ineffective sexual orientation change effort with attendant negative psychosocial impacts such as distortions in identity perception and self-concept, internalized homophobia, social and spiritual estrangement as well as mental health problems such as posttraumatic anxiety, depression, and suicidality [14]. There are multi-dimensional barriers for sexual minority (SM) adolescents who need affirmation therapy and other services within the Nigerian healthcare system. Although there are no clear guidelines for working with SM adolescents among mental-health practitioners in Nigeria [15], survivors of CT practices are assisted, by very few trained specialists, to rebuild social support, find strength within affirming communities, overcome the impact of CT through affirming therapy, and manage relationships with CT instigators and perpetrators, including family and faith communities. Working with non-heterosexual adolescents who have experienced ‘conversion therapy’ requires an understanding of the complex intersectional and transactional factors that facilitate exposure to conversion practices, the psychosocial impact of conversion experience, and the barriers to accessing affirming care [14].
References


https://doi.org/10.1007/s10943-021-01400-9


-----

This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP's bureau or executive committee.
IACAPAP Statement on the Gaza Conflict and the Impact on Children's Mental Health

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is deeply concerned about the ongoing conflict in Gaza and the devastating impact it has on children. Many thousands of children have been killed, injured, orphaned, and traumatised. As an organisation dedicated to the mental health and well-being of children and adolescents worldwide, we cannot remain silent in the face of such suffering.

We echo the calls from the International Court of Justice, the World Health Organization, and the United Nations for an immediate and permanent ceasefire in Gaza. The protection of children in conflict zones is paramount, and all parties must prioritise the safety and well-being of young lives.

IACAPAP firmly believes that the mental health of children should be safeguarded regardless of their nationality or the politics of their region. The trauma experienced by children in Gaza has long-term implications that extend far beyond the immediate physical harm. It affects their development, mental health, and future potential.

In line with our mission to promote better mental health for all children and to prevent their traumatisation, we support all efforts to bring about peace and stability in Gaza. We also acknowledge the complexity of this issue and the need for a balanced approach that fosters dialogue and collaboration among all parties involved.

There have been suggestions to exclude some nations from participation in IACAPAP activities. We understand the urgency and the passionate advocacy behind this proposal. However, our mission requires engaging with all stakeholders to promote mental health and peace. Our approach must be one that encourages healing, understanding, and cooperation.

IACAPAP remains committed to advocating for the mental health and protection of all children affected by conflict. We will continue to use our platform to call for an end to violence and to support initiatives that promote peace and mental well-being.

Silence is not an option when it comes to the welfare of children, and we stand with those who seek to protect and nurture the youngest and most vulnerable members of our global community.

We urge all parties to work towards a lasting peace that ensures the safety and mental health of every child in Gaza and beyond.

---
27th World Congress of IACAPAP

Facing challenges in a constantly changing world
Empowering child and adolescent mental health by evidence-based approaches

1–4 July 2026
CCH – Congress Center Hamburg
Hamburg, Germany

www.iacapap-congress.com
The Ukrainian therapists in the TF-CBT Ukraine project received a training on how to implement, analyze and interpret the CATS-2 (Child and Adolescent Trauma Screen Second Version) measure. They (n=67) recruit participants (children/adolescents and caregivers) for assessment and TF-CBT treatment. Besides CATS-2, they use an unstandardized questionnaire to collect socio-demographic information such as age, gender and current location. They conduct the descriptive statistics and
bivariate correlations (Pearson correlation coefficients \(r\)) and \(\Phi\) correlations to analyse the data.

The authors study a sample of 200 children, adolescents and young adults, the majority of whom \((n = 115, 62.5\%)\) were still located in Ukraine. They note that 38.0\% \((n=76)\) of the sample were male; Mage = 12.01 \((SD = 4.05; range 4-21)\). They report that almost 70\% \((n = 123)\) of the participants fulfilled the DSM-5 PTSD criteria, 31\% \((n = 56)\) fulfilled the ICD-11 PTSD criteria and 21\% \((n = 38)\) the ICD-11 CPTSD criteria. They note an even higher rate of PTSD (95\%) in preschool children. They compare self- and caregiver reports on traumatic events and PTSD/CPTSD severity scores that indicated moderate to high correlations between the patients and their caregivers \((r = 0.710-0.767)\). They report that the participants aged 7 years or older reported on average 4.23 different PTEs \((SD = 2.54, range 0-12)\) - the most frequently reported PTEs being “war” \((n = 112, 68.7\%)\), “bullying” \((n = 71, 39.7\%)\), and “witnessing domestic violence” \((n = 68, 38.9\%)\); and the least frequently reported PTE being “online sexual violence/ abuse” \((n = 11, 6.1\%)\).

Regarding preschool children, they note that caregivers reported an average of 4.38 \((SD = 2.80, range 1-10)\) PTEs - the most often reported PTEs being “being in a war situation” \((n = 15, 71.4\%)\), “witnessing a violent attack” \((n = 9, 42.9\%)\), “witnessing family violence” \((n = 8, 38.1\%)\) and “sudden loss” \((n = 8, 38.1\%)\); the least frequently reported PTEs were being touched on private parts” \((n = 1, 4.8\%)\) and “sexual

violence/abuse” \((n = 1, 4.8\%)\). The team noted a moderate to high correlation between self-report and caregiver-report for the traumatic events.

The authors highlight the strengths of their study - use of a state-of-the-art validated measure in different languages, assessing PTSD and CPTSD in self- and caregiver reports in a naturalistic and heterogeneous sample, focusing on lifetime traumatic experiences and not solely war experiences. They also acknowledge the limitations of - small sample with higher representation of girls; possibility of selection bias; exclusive assessment only trauma and PTSD; severity & frequency of traumatic events not being assessed; use of the Ukrainian CATS-2 version that wasn’t validated and some aspects - such parents’/caregivers’ psychopathology, parenting, possible protective factors etc not being assessed. They conclude that the Ukrainian children and adolescents seeking for treatment have experienced multiple other traumatic events in addition to war, which should be taken into account in trauma-focused psychotherapy.

---
Lee et al., (2024) discuss the complex dynamic of suicide in adolescents and establish a need to conduct a psychological autopsy study in Korean adolescent. They carry out this cross-sectional descriptive study by involving parents (5 fathers and 31 mothers) of 36 adolescents who died by suicide from August 2015 to July 2021.

The team collects qualitative and quantitative data through semi-structured interviews using the Korean Psychological Autopsy Checklist for Adolescents (K-PAC-A) (Jeon et al., 2018) and assessment tools such as the Kiddie-schedule for affective disorders and Schizophrenia- Present and Lifetime-Korean Version (K-SADS-PL-K), Korean version of the Barratt Impulsiveness Scale-11 (K-BIS-11), Korean version of Beck Depression Inventory-II (K-BDI-II), Korean attention Deficit/Hyperactivity disorder (ADHD) rating scale-IV (K-ARS-IV), Internet addiction proneness scale for Youth: Observer Rating Scale (KO scale), and Adjective scale to assess the personality types. They analyze the data using IBM SPSS Statistics Version 28.0 (IBM Corp., Armonk, NY, USA) with p-value < 0.05 as statistically significant and investigate gender differences using the Mann-Whitney U test and Fisher’s exact test.

They report the mean age of the adolescents as 16.1 years (SD 2.0) and home as the place of death for most of the adolescents. They note that most common method of suicide was jumping from a height (72.2%), followed by hanging (16.7%), the majority did not ask anyone for help before death (97.2%), 80.6% of all adolescents exhibited one or more warning (verbal, behavioural or emotional) signs of suicide and about half (52.8%) left a suicide note. They mention that most adolescents (97.2%) were diagnosed with a major mental disorder in the three months before death and a significant proportion (80.6%), with affective disorder; more than half of them (55.6%) were diagnosed with comorbidities. They report the most common comorbidity as depressive disorder followed by generalized anxiety disorder. They note that 47.2% experienced psychiatric
intervention, while three adolescents (8.3%) received inpatient treatments at the Department of Psychiatry and only three (8.3%) received regular medication treatments. They mention that while many parents (50%) had a psychiatric diagnosis before their offspring died; 25% had a familial history (including parents and grandparents) of suicide.

The authors acknowledge the limitations of their study of - small sample size, lack of control groups, assessments being completed by parents and possibility of recall bias. They conclude that most of the adolescents had mental disorders, were not highly impulsive and were continuously exposed to adverse family-related events during their developmental years. They add that it was challenging to identify the risk factors before death because (1) the adolescents had avoidant and submissive personality traits and were not to express their feelings and thoughts to others, and (2) they did not exhibit behavioral problems. They recommend future studies involving peers in psychological autopsies despite the potential ethical and economic challenges, suggesting that it can be a practical method for screening and intervening with adolescents affected by a friend’s suicide.

---

CHECK OUT IACAPAP’S RESOURCE FOR CONFLICT AND CRISES ON THE WEBSITE!

Cobham et al., (2024) underscore the role of parents in the etiology of childhood anxiety and sibling anxiety as a possible treatment outcome. They examine the effects of a parent focused intervention on the siblings of target children. They evaluate two different versions of a parent-only intervention (Fear-Less Triple P; FLTP; [Cobham and Sanders, 2015]): a one-day intensive workshop format (~ 6 h clinical contact) and a standard 6-week group format (as a control).

The team recruits participant families through the media and local schools in metropolitan Brisbane between September 2015 and July 2017. Their inclusion criteria require children to be 7–14 years of age and to meet diagnostic criteria for a primary diagnosis of a DSM-5 anxiety disorder. They recruit a final sample of 73 children and adolescents (mean age = 8.40 years, 74% male sex) and their parents. They report that 64 had one or more siblings; siblings ranged in age from 2 to 26-years-old (M = 8.09, SD = 4.14); 52% were male sex. They allocate parents randomly to either the six-week group (n = 34) or one-day workshop (n = 39) condition via a computerized random generator with a 1:1 ratio. They conduct post-treatment and follow-up interviews either face to face or via telephone. They note a retention rate at the post-treatment, 6-month and 12-month time-points for the 6-week group as 85%, 82% and 71% and for those assigned to the one-day workshop as 77%, 72%, and 59% respectively.

The assessments include The Anxiety Disorders Interview Schedule for DSM-IV for Children-Parent Version, Clinical global impressions: improvement scale (CGI-I), Spence Children Anxiety Scale (SCAS-P), Depression Anxiety and Stress Scale (DASS-21), the Family Assessment Device—General Functioning Subscale (FAD-GF). The standard FLTP group program consists of six, 90-min weekly sessions (approximately 9 h). The team runs seven groups (4–8 families per
group) and three FLTP workshops (1 day program, 6h) on weekend days with each one attended by between 7 and 17 families. They conduct analyses in IBM Statistics SPSS Version 25. They use standard significance testing, longitudinal, multi-level mixed models and Pearson chi-square tests to analyze the data and account for missing data by using the multiple imputation procedure in SPSS for all analyses except for the longitudinal, multi-level models.

The authors report that there were no significant differences in the number of children who no longer met criteria for their primary anxiety disorder at post-treatment, $\chi^2(1, N = 73) = 0.06$, $p = 0.808$, 6-month follow-up, $\chi^2(1, N = 73) = 1.94$, $p = 0.164$, or 12-month follow-up, $\chi^2(1, N = 73) = 0.30$, $p = 0.586$, assessments; SCAS-P scores significantly reduced over time, $F(3, 71) = 6.94$, $p < 0.001$. They mention that parental stress and anxiety scores fell in the “normal” range at the pre-treatment assessment and remained in that range at each of the follow-up sessions; the difference in parent satisfaction, $t(71) = 0.183$, $p = 0.855$ between the two interventions was nonsignificant. They also note that across the two interventions Sibling SCAS-P scores significantly reduced over time, $F(3, 71) = 5.49$, $p = 0.009$; however, the time by group analysis was not significant, $F(3, 71) = 1.01$, $p = 0.345$, indicating that improvement in SCAS-P scores did not differ between the treatment conditions.

The authors underscore the strengths of their study - randomized design, comprehensive outcome assessment including clinical diagnostic measures to establish caseness, multi-informant assessment, a sample with significant non-anxiety comorbidities, high fidelity delivery of both intervention conditions, and inclusion of measures (e.g., family functioning) to study putative mechanism of change and also acknowledge its limitations - small sample, lack of power to detect small effect sizes, recruitment of a sample through community outreach, diagnostic interview was completed by parents only, limited data from fathers, limited generalizability due to homogeneous sample of parents, attrition rate of participants over follow-up, possibility of participating families having accessed additional therapeutic services during the follow up period, lack of measurement of family accommodation, need for validation of the cost-effectiveness of the intervention, and the possibility of parent preferences interacting with observed outcomes. They conclude by highlighting the advantages and need for an efficacious and brief parent-only program in treating childhood anxiety and suggest development and evaluation of both telehealth delivery and an online format of FLTP.
REFERENCE


IMPORTANT NOTES

• The IACAPAP webinar will be held at different times to accommodate attendees and members from various regions. The 18th IACAPAP Lunch & Learn Webinar is scheduled to cater to the Middle Eastern region.

• The webinar is open for members of IACAPAP (Individual Members and Individuals within the IACAPAP Full Member organisation and Affiliate Member organisation).

• This webinar will be conducted virtually via Zoom. There is no cost to attend, but registration is required in advance. Seats are limited, and it’s based on a first come, first served. E-certificate of attendance will be provided to those who have attended and completed the survey at the end of the webinar. Please be advised that the survey for the webinar will be displayed in the browser ONLY after the webinar has ended.

• Kindly click this link to view the time in your country. For more information, please visit https://iacapap.org/news/18th-lunch-learn-webinar.html

To register
CALL FOR NOMINATIONS | 6TH ANNUAL ACAMH AWARDS 2024

The ACAMH Awards aim to recognise high quality work in evidence-based science, both in publication and practice, in the field of child and adolescent mental health. Nominations will be evaluated by a panel of leading figures in the field, along with ACAMH trustees and the Editors-in-Chief of our journals (JCPP, JCPP Advances and CAMH).

DEADLINE FOR NOMINATIONS Wednesday 31st July 2024 at midnight UK time. The awards will be presented at an online ceremony on Thursday 7th November 2024. Details will be announced closer to the time.

Awards are open to child and adolescent mental health professionals across the world. There is a specific Award for “Innovative Research, Training or Practice in Low and Middle Income Countries (LMICs)”, which is only open to colleagues in LMICs.


If you have any questions, please email: awards@acamh.org
Save the Dates

Member Registration Open: August 1, 2024
General Registration Open: August 8, 2024
Early Bird Registration Deadline: September 12, 2024
On-Demand Content Available: September 30 – November 30, 2024
ADVERTISING OPPORTUNITIES!

Approximate circulation: 12,000++
Distributed to the entire IACAPAP mailing database!!

<table>
<thead>
<tr>
<th>Deadline</th>
<th>15 Aug 2024 (Graphics are due upon purchase of ad space)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Page</td>
<td>USD 2,000 (full colour)</td>
</tr>
<tr>
<td>½ Page</td>
<td>USD 1,500 (full colour)</td>
</tr>
<tr>
<td>¼ Page</td>
<td>USD 900 (full colour)</td>
</tr>
</tbody>
</table>

Print Ad Specifications

Full page 8.5” w x 11” h
1/2 page 7.25” w x 5” h
1/4 page 3.5” w x 5” h

Conditions
Advertising space is limited, and ads will be accepted on a first-come, first-served basis. The IACAPAP has the right to refuse or approve all ads. No ads will run until payment has been received. A late payment charge is assessed on unpaid balances. The late payment fee is 1.5% of the unpaid balance for each month after the due date of the invoice.

Please note: Commissions for advertising agencies are not included.

Cancellation Policy: Cancellations are not accepted. No refunds will be issued.

IACAPAP reserves the right to decline, amend, withdraw or otherwise deal with all advertisements submitted at the organization’s discretion and without explanation.

For enquiries, please email info@iacapap.org
Want to share important events, programs or activities from your country with a wide international audience?

SUBMIT AN ARTICLE TO THE IACAPAP BULLETIN!

For more information please contact:
Hesham Hamoda
hesham.hamoda@childrens.harvard.edu
IACAPAP Member Organisations

Full Members

Algerian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP), Algeria | Société Algérienne de Psychiatrie de l’Enfant et de l’Adolescent et des Professions Associées
American Academy of Child and Adolescent Psychiatry (AACAP), United States
Argentine Association of Infant Psychiatry Youth and Related Professions, Argentina | Asociación Argentina de Psiquiatría Infantil 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 (ÖOGKJP)
Bangladesh Association for Child & Adolescent Mental Health (BACAMH), Bangladesh
Brazilian Association of Neurology, Child Psychiatry and Allied Professions, Brazil | Associaçao Brasileira de Neurologia, Psiquiatria Infantil e Profissoes 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 Psiquiatria y Neurologia 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 Jeugdpyschiatie (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 (SBFDPDEA), 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 | Psikiatrer per Femije dhe Adolescent
Lithuanian Society of Child and Adolescent Psychiatry (LVPDD), Lithuania
Malaysian Child and Adolescent Psychiatry Association (MYCAPS), Malaysia
Mexican Association of Child Psychiatry, Mexico | Asociacion Mexicana de Psiquiatria Infantil A.C. (AMPI)
Netherlands Psychiatric Association - Department of Child and Adolescent Psychiatry, Netherlands | Nederlandse Vereniging voor Psychiatrie (NnvP)
IACAPAP Member Organisations

Full Members Continued…

Philippines Society for Child and Adolescent Psychiatry (PSCAP), Philippines
Portuguese Association of Child and Adolescent Psychiatry, Portugal | Associação Portuguesa de Psiquiatria da Infância e da Adolescência (APPIA)
Romanian Association of Child and Adolescent Psychiatry and Allied Professions, Romania | Asociația Română de Psihiatrie a Copilului și Adolescentului și Profesii Asociație (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 for Child and Adolescent Psychiatry in Slovak Psychiatric Association, Slovak
Section of Child and Adolescent Psychiatry, College of Psychiatrists, Academy of Medicine, Singapore (SCAP)
Section of Child and Adolescent Psychiatry of the Sri Lanka College of Psychiatrists (SLCAP), Sri Lanka
Section on Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine, Ukraine
Slovenian Association for Child and Adolescent Psychiatry, Slovenia | Zduženje za otroško in mladostniško psihijatrijo (ZOMP)
Spanish Association of Child and Adolescent Psychiatry, Spain | Asociación Española de Psiquiatría de la Infancia y la Adolescencia (AEPNYA)
Spanish Society of Child and Adolescent Psychiatry and Psychotherapy, Spain | Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (SEPPNA)
Swedish Association for Child and Adolescent Psychiatry, Sweden | Svenska Föreningen för Barn- och Ungdomspsykiatri (SFBUAP)
Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SSCAP), Switzerland
The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS), Serbia
The Hellenic Society of Child and Adolescent Psychiatry (HSCAP), Greece
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
Tunisian Society of Child and Adolescent Psychiatrist, Tunisia | Société Tunisienne de psychiatrie de l’enfant et de l’adolescent (STPEA)
The Turkish Association of Child and Adolescent Psychiatry (TACAP), Turkey
Uruguayan Society of Child and Adolescent Psychiatry, Uruguay | Sociedad Uruguaya de Psiquiatría de la Infancia y la Adolescencia (SUPIA)

Affiliate Members

African Association Child & Adolescent Mental Health (AACAMH)
Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)
Eastern Mediterranean Association Of Child and Adolescent Psychiatry & Allied Professions (EMACAPAP)
European Federation for Psychiatric Trainees (EFPT)
First Step Together Association for special education (FISTA), Lebanon
Jiyan Organisation for Human Rights, Iraq
Latin American Federation of Child, Adolescent, Family and Related Professions | Federación Latinoamericana de psiquiatría de la Infancia, Adolescencia (FLAPIA)
Society for All, z. s. (SOFA), Czech Republic
MEMBER OF THE BUREAU

President
Luis Augusto Rohde, MD, PhD
Professor
Department of Psychiatry
Federal University of Rio Grande do Sul
Director
ADHD Program
Hospital de Clínicas de Porto Alegre

Past President
Daniel Fung Shuen Sheng MD
CEO, Institute of Mental Health Singapore
Adjunct Associate Professor
Lee Kong Chian School of Medicine, Nanyang Technological University
Yong Loo Lin Medical School and DUKE NUS Medical School, National University of Singapore

Secretary General
Yewande Oshodi, MD, MPH, Mphil
Associate Professor of Psychiatry / Child & Adolescent Psychiatrist
Department of Psychiatry
College of Medicine University of Lagos & Lagos University Teaching Hospital Ildiaraba, Lagos, Nigeria

Treasurer
Carmen M. Schröder, MD, PhD
Professor for Child and Adolescent Psychiatry, Strasbourg University
Head of the Department of Child and Adolescent Psychiatry, Strasbourg University Hospital
Head of the Excellence Centre for Autism and Neurodevelopmental Disorders STRAS&ND
President, European Union of Medical Specialists - Child and Adolescent Psychiatry (UEMS-CAP)
European Board Certified Sleep Expert

VICE PRESIDENTS

Vice Presidents
Ammar Albana MD, FRCPC IFAPA (United Arab Emirates)
Devashish Konar (India)
Gordon Harper MD (United States)
Guilherme V. Polanczyk MD (Brazil)
Koroma Mohamed James M.Sc., (CAMH) (Sierra Leone)
Liu Jing (China)
Maite Ferrin MD, PhD (United Kingdom)
Nicholas Mark Kowalenko MD (Australia)
Yukiko Kano MD, PhD (Japan)

Connect with us!

www.iacapap.org
IACAPAP Officers (2022 - 2026)
www.iacapap.org

HONORARY MEMBERS OF THE EXECUTIVE COMMITTEE

Honorary Presidents
Helmut Remschmidt MD, PhD (Germany)
Myron L. Belfer MD, MPA (USA)

NON-ELECTED MEMBERS OF THE EXECUTIVE COMMITTEE

Bulletin Editor
Hesham Hamoda MD, MPH (USA)

Director of Communication
Hesham Hamoda MD, MPH (USA)

Donald J. Cohen Fellowship Program Coordinators
Ayesha Mian MD (Pakistan)
Naoufel Gaddour MD (Tunisia)

Early Career Group Coordinators
Dicle Buyuktaskin Tuncturk (Turkey)
Dina Mahmood (Australia)

e-Textbook Editors-in-Chief
John-Joe Dawson-Squibb (South Africa)
Hee Jeong Yoo, M.D, Ph.D. (South Korea)
Valsamma Eapen MBBS., PhD., FRCPsych., FRANZCP (Australia)
Uttara Chari (India)

Henrikje Klasen iCAMH Training Program Coordinator
Nicholas Mark Kowalenko MD (Australia)

Helmut Remschmidt Research Seminars Coordinators
Christina Schwenck PhD (Germany)

Petrus J de Vries MD (South Africa)

MOOC Coordinator
Bruno Falissard, MD, PhD (France)

WHO Liaison
Prof. MD. MSc. Susanne Walitza (Switzerland)

Connect with us!