



By Jesus Ramos Tejada, age category, $\geq 18Y$, Celebration of Love and Camaraderie

President's Message

As traditionally done, I would like to begin our last presidential column of 2025 wishing all IACAPAP friends and their families a very happy and healthy 2026! Again, IACAPAP has several achievements to celebrate this year. I invite you for a quick journey summarizing some of them and reviewing what has been achieved at IACAPAP since our previous Bulletin was published.

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27th World
Congress of
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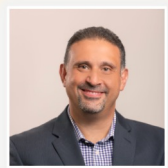
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Hesham Hamoda
(Boston, USA)



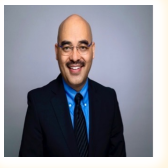
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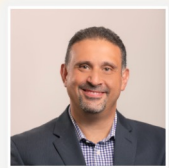
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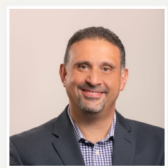
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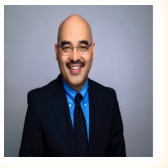
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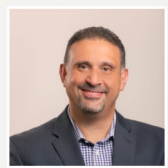
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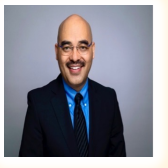
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President's Message

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.

As traditionally done, I would like to begin our last presidential column of 2025 wishing all IACAPAP friends and their families a very happy and healthy 2026! Again, IACAPAP has several achievements to celebrate this year. I invite you for a quick journey summarizing some of them and reviewing what has been achieved at IACAPAP since our previous Bulletin was published.

First, we had a very successful Helmut Remschmidt Research Seminar in Germany lead by Professors Petrus J de Vries and Christina Schwenck, with a stellar group of mentors including Prof. Helmut Remschmidt attending in person and an amazing group of 23 fellows from 17 countries. If you want to have a detailed overview of the program, all fellows, and mentors, please click [here](#) and see the [article](#) in this Bulletin. The leaders of this initiative, the mentors or myself, could tell you how relevant this initiative is to Child and Adolescent Mental Health, but nothing tells the story better than reading about it from the mentees themselves. Some of them recently published a paper in the Journal European Child and Adolescent Psychiatry (Mutlu, M., Canga-Espina, C., Berni, M. et al. 2025 Empowering child and adolescent mental health through



Luis Augusto Rohde
IACAPAP President

evidence-based approaches: reflections from the 10th Helmut Remschmidt research seminar in child and adolescent psychiatry

(<https://doi.org/10.1007/s00787-025-02911-6>). For sure, it's worth reading!

Second, we received an astonishing number of applications for the Donald J. Cohen Fellowship Program (DCFP) - 280 applications. The review committee is analyzing very carefully all applications, and we expect to make available the list of accepted fellows by the mid-January.

Regarding our next World Congress in 2026, the news is equally exciting. We have received 185 symposia submissions. The highest number ever achieved! For the first time, we were not able to extend the deadline for submissions. Considering the number of early

registrations, symposia submissions, and applications for DCFP, you should expect a very well-attended congress. Thus, I invite you to register as soon as possible. Please remember that we have space limitations in the venue and we might have to cap registrations at a certain number, as was the case in Rio de Janeiro's congress. As was said before, we expect to have a scientifically robust program embracing evidence-based, innovative and diverse topics on CAMH. The speakers' line-up is increasing day-by-day - see more on the congress [website](#). We expect to have the approved list of symposia in early January.

Regarding the two areas of collaboration between IACAPAP and the Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute. Here are the updates:

- SNF Global Center Clinical Fellowship Program for Low- and Middle-Income Countries (LMICs): The third cohort of Mozambican fellows, who will initiate training in Brazil in March 2026, was already selected and they are from Beira, a central region in Mozambique. The fellows are Domingas Ferrao - Psychiatrist, Josefina Dulce Sambane - Clinical Psychologist, Esmeralda Manjate - Occupational Therapist. Selecting this final cohort, we have now three teams of professionals to provide care and disseminate knowledge on CAMH in Mozambique. The other excellent news is that thanks to Peter Raucci, Director of Global

Fellowship Strategy at the SNF Global Center, and Ayesha Mian, representing IACAPAP, everything is all set for the first cohort of Kenyan fellows begin their training in South Africa in February 2026. When you are reading these lines, the selection process will be finished. Relevant to mention that we had 25 applications.

- SNF Global Center Item Bank - A Free Assessment Tool to Support Culturally Appropriate Global Data Collection for Child and Adolescent Mental Health: We're pleased to share that the Item Bank now has a name: **LUMI** (Library of Universal Mental Health Instruments). In parallel with the naming, we are conducting a comprehensive, co-creation process—gathering input from mental health professionals and young people worldwide—to develop LUMI's visual identity, which is expected to be finalized by the end of December.

On the psychometric front, we completed more than 5000 interviews across five country groups. Two key results stand out: 1) Most items are invariant across age, country, and sex. 2) LUMI demonstrates strong concurrent validity with a gold-standard CAMH assessment (DWABA).

As always, we invite you to learn more on the [SNF Global Center website](#).

As life is not only good news, the WHO-EML committee did not accept our joint appeal with the World Federation of

ADHD to include methylphenidate on the WHO Essential Medicines List. As already mentioned in previous columns, this was the third attempt. Thus, millions of people living in Low-Middle Income Countries, especially those who are more vulnerable, will continue without access to any kind of effective treatment for ADHD since the list is used by several countries to orientate medications to be made available for free to the population.

The [nomination process](#) for the next Executive Committee will be completed this month. Thus, this is the time for you to propose leaders who will be at the helm of our association for the next four years!

Our ante-penultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in scientific literature. This time, I will come back to a topic already addressed in a previous Bulletin, screen use by youths. A paper published in JAMA last July assessed the trajectories of screen use (social media, mobile phones, and videogame) from baseline through year 4 follow-up in the Adolescent Brain Cognitive Development Study, with population-based samples from 21 US sites. The outcomes assessed at the 4-year follow up were suicidal behaviors and ideation, internalizing and externalizing symptoms (Xiao Y, Meng Y, Brown TT, Keyes KM, Mann JJ). Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths. JAMA. 2025 Jul

15;334(3):219-228. doi: 10.1001/jama.2025.7829). Authors found that both high and increasing screen use trajectories were associated with suicidal behaviors and ideation and worse mental health. Due to the design of the study, we cannot infer causality since these two trajectories might be markers of high and increasing mental health problems in the follow-up. In addition, behavioral factors such as bullying, adverse childhood experiences, social isolation among others that might be confounding the association were also not assessed. Anyhow, this is an extremely relevant topic of concern in CAMH and public health and an area where frequently policy comes before science. For this reason, the WHO launched an initiative to define the research priorities on digital environments and youth mental health for the next three years. The work is being leaded by Orygen from Australia and IACAPAP was invited to participate. If you did not receive an invitation to take part in a Delphi Panel as part of this initiative, you might receive it in the next few days. Expect to have news on this initiative in the next Bulletin!

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

- The line-up of speakers from diverse countries and cultures for our World Congress in Germany has more than 10 speakers and it is increasing day-by-day.
- The symposia submission was a tremendous success.

- We had an extremely impressive number of submissions for the Donald Cohen Fellowship Program, and the selection process will be completed soon.
- Everything is ready for our first cohort of Kenyan mentees to begin their training in South Africa in February 2026. However, we have not yet defined another pair of countries for the SNF Global Center Clinical Fellowship Program for Low- and Middle-Income Countries.
- The item bank has a name (LUMI), three final options for visual identity were selected and its psychometric validation is moving smoothly with excellent initial findings.

Our auditable goals up to the next bulletin are:

- Have the program completed for our World Congress in Germany and an expressive number of registrations for the congress.

- Define another pair of countries for the SNF Global Center Clinical Fellowship Program for Low- and Middle-Income Countries.
- Select the visual identity for the LUMI and prepare submissions on the process describing its creation and cultural, linguistic and psychometric validations.
- Take the initial steps to make it available for the worldwide community of CAMH professionals for use in the clinical and research worlds.
- Have a list of research priorities on digital environments and youth mental health for the next three years as a result of collaborative work with WHO and Orygen.

I hope you all enjoy reading our Bulletin.

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



Call for Nomination for IACAPAP Executive Committee (2026-2030)

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is calling for nominations for the following to serve on the Executive Committee of IACAPAP for the term 2026 to 2030:

- President
- Treasurer
- Secretary-General
- Vice Presidents (x 9 positions)

The Call for Nominations is open from **15th July 2025** to **31st December 2025**. Please ensure all the required information in the nomination criteria is included (CV, Statement of availability and willingness to serve, Short Vision Statement for the future of IACAPAP (not more than 500 words) and a letter of reference).

For more information, please visit <https://iacapap.org/news/call-for-nomination-for-iacapap-executive-committee-2026-2030.html>.

**International Association
for Child and Adolescent
Psychiatry and Allied
Professions**



Call for Nomination Open: 15th July, 2025

Call for Nomination Close: 31st December, 2025

For more information, please visit www.iacapap.org
 info@iacapap.org

**Call for Nomination
for IACAPAP
Executive Committee
(2026 - 2030)**



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions



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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

**Save the
date**



www.iacapap-congress.com



Empowering Mental Health in a Changing World: IACAPAP 2026

The 27th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) will take place from 1–4 July 2026 at the Congress Center Hamburg (CCH). The congress theme, “Facing challenges in a constantly changing world – empowering child and adolescent mental health by evidence-based approaches,” reflects the urgent need to adapt mental health care to global shifts and emerging challenges. This event will gather professionals from psychiatry, psychology, social work, and related fields to explore innovative, evidence-based strategies for supporting youth mental health.

A Rich Scientific Programme and Easy Registration

IACAPAP 2026 promises a diverse and dynamic scientific programme, featuring keynote lectures, interactive workshops, panel discussions, and poster sessions. Topics will span clinical innovations, policy development, trauma-informed care, neurodevelopmental disorders, and digital mental health tools. Online registration is now open, with tiered fees based on the World Bank Country Classification to ensure global accessibility. Participants can register via the congress website at www.iacapap-congress.com. Abstract submissions are also open: submissions for oral presentation and poster abstracts are due by **20 January 2026**.

Discover Hamburg and the CCH Experience

Set in the heart of Hamburg, Germany’s gateway to the world, the congress offers a unique blend of academic excellence and cultural richness. Hamburg’s maritime heritage, vibrant arts scene, and welcoming atmosphere make it an ideal host city. The Congress Center Hamburg (CCH), recently renovated to meet the highest standards of sustainability and technology, will provide a world-class venue for the congress. Its central location and modern infrastructure ensure a comfortable and productive experience for all attendees.

Join the IACAPAP Community and Contribute

IACAPAP warmly invites child and adolescent psychiatrists, psychologists, researchers, and allied professionals to join the congress and become part of its vibrant community. By submitting oral presentations or posters, you can actively support the scientific programme and help advance mental health care for young people worldwide. Don’t miss this opportunity to engage with peers, share your expertise, and support evidence-based approaches in a rapidly evolving world.



Website: www.iacapap-congress.com
Email: iacapap2026@cpo-hanser.de

Welcome Address



Tobias Banaschewski
Congress President

It is our pleasure to welcome you all to our 2026 congress that will take place in Hamburg, Germany. IACAPAP was in Germany 20 years ago in Berlin! It was a memorable event, one of the most well attended congresses in IACAPAP history. No doubts that the success this time will be even greater. The central theme of the meeting is extremely relevant since we need to discuss evidence-based interventions in CAMH that can be quickly translated to services in the context of implementation science. We are sure this meeting will be again an invaluable opportunity for learning, exchange knowledge and experiences, find old and make new friends. The beauty and hospitality of Hamburg will make the experience unforgettable. Join us at the most comprehensive event on CAMH worldwide!



Luis Augusto Rohde
IACAPAP President

Congress Committees

Congress President & Head of LOC

Prof. Dr. Tobias Banaschewski
Medical Director of the Department of Child and Adolescent Psychiatry and Psychotherapy and Deputy Director of the Central Institute of Mental Health
Central Institute of Mental Health
J 5
68159 Mannheim, Germany

Scientific Secretary

Prof. Dr. Sarah Baumeister
Department of Child and Adolescent Psychiatry and Psychotherapy
Central Institute of Mental Health
J 5
68159 Mannheim, Germany
and
School of Health and Social Sciences
AKAD University
Stuttgart, Germany

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- Tobias Banaschewski, Mannheim, Germany
- Sarah Baumeister, Mannheim/ Stuttgart, Germany
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- Nathalie Holz, Mannheim, Germany
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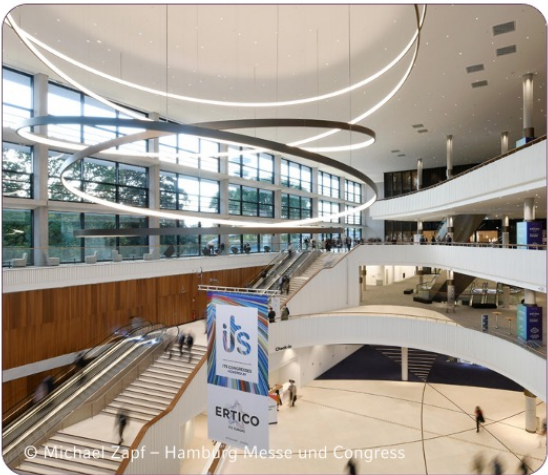
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- Emily Simonoff, United Kingdom
- Argyris Stringaris, United Kingdom
- Anita Thapar, United Kingdom
- Gail Tripp, Japan
- Mario Valdivia, Chile
- Benedetto Vitiello, Italy
- Susanne Walitz, Switzerland



Congress Venue: Congress Center Hamburg (CCH)

The CCH – Congress Center Hamburg stands as one of Europe’s largest and most modern congress venues, offering an exceptional setting for the 27th World Congress of IACAPAP in July 2026. With 12,000 square meters of exhibition space, 12,000 square meters of foyer space, and seating for up to 12,000 participants across 50 flexible halls, the CCH provides the ideal infrastructure for a global gathering of child and adolescent mental health professionals.

Located in the heart of Hamburg, the venue combines state-of-the-art facilities with outstanding accessibility and a vibrant urban atmosphere. Whether hosting keynote sessions, symposia, or networking events, the CCH ensures a seamless experience for all attendees. Its multifunctional design supports a wide range of formats, making it the perfect stage for innovation, collaboration, and inspiration at IACAPAP 2026.



Address
CCH – Congress Center Hamburg
Congressplatz 1
20355 Hamburg



Congress Destination: Hamburg

Discover Hamburg – Where Innovation Meets Inspiration

Hamburg is Germany’s vibrant gateway to the world and the host city of IACAPAP 2026. Nestled along the Elbe River, Hamburg combines maritime charm with cutting-edge infrastructure, making it an exceptional destination for international congresses. With its world-class venues like the CCH – Congress Center Hamburg, seamless transport connections, and a rich cultural tapestry, the city offers the perfect setting for global collaboration and exchange.

Delegates will enjoy a dynamic mix of history and modernity, from the historic Speicherstadt warehouse district to the futuristic HafenCity. Culinary delights, scenic waterfronts, and a welcoming atmosphere await every visitor. Whether you’re networking over coffee in a leafy courtyard or exploring the city’s renowned museums, theaters and concert hall „Elbphilharmonie“, Hamburg promises an unforgettable experience.

Join us in 2026 to shape the future of child and adolescent mental health in one of Europe’s most inspiring cities.

Your Hotel Booking for the IACAPAP 2026

IACAPAP has arranged special room rates for participants at selected hotels. To take advantage of these exclusive rates, please visit our website and book your stay. For group bookings of 10 rooms or more, please contact us at iacapap2026@cpo-hanser.de.



Arriving by plane



Hamburg Airport is located in the northern district of Fuhlsbüttel. The S-Bahn to CCH departs directly from the airport and takes half an hour. Alternatively, you can take a cab or use MOIA, the ridesharing service for Hamburg. In good traffic conditions, the journey takes only 20 minutes.

Arriving by train



Travel to IACAPAP in a relaxed and sustainable way by train – at a particularly low price thanks to the **IACAPAP event ticket** from Deutsche Bahn! The train station is located right next to the CCH.

Arriving by car



If you are traveling by car, it is best to take the Autobahn and then simply follow the signs for “Messe / CCH”. The CCH has an underground parking garage (subject to parking fees)



Arriving by public transport



The InterCity and S-Bahn station “Dammtor” is located directly next to the CCH. The subway stations “Stephansplatz (Opera/CCH)” and “Gänsemarkt” are also just a short walk away through the city and the “Planten un Blomen” park.



Concert Hall “Elbphilharmonie” © Kara – stock.adobe.com



Keynote Speakers

The IACAPAP Congress brings together **world-leading experts** to share ground-breaking research, innovative clinical strategies, and global perspectives that will redefine mental health care for young people.



Laelia Benoit,
France



Sven Bölte,
Sweden



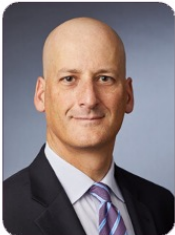
Hilary Cass,
UK



Argyris Stringaris,
UK



Bruno Falissard,
Brazil



Andrés S. Martin,
USA



Guilherme V.
Polanczyk, Brazil



Ilina Singh,
UK



Ayesha Mian,
Pakistan



Tycho Dekkers
The Netherlands



Jörg M. Fegert,
Germany



Kapil Sayal,
UK



Paul Plener,
Austria



Cecil Prins-
Aardema,
The Netherlands



Chiara Servili,
Switzerland



Philip Shaw,
UK



Highlights from our keynote lineup

- **Ayesha Mian** (Pakistan)
Strengthening Systems of Care: A Framework for a Global Child and Adolescent Mental Health Curriculum
Discover how a unified curriculum can close treatment gaps and promote equity worldwide.
- **Tycho Dekkers** (The Netherlands)
ADHD – It's Not Just the Child: On the Need to Expand Our Narrative
Explore holistic approaches that move beyond biology to support families.
- **Andrés S. Martin** (USA) & **Cecil Prins-Aardema** (The Netherlands)
The Psychiatrist as Psychiatric Patient: Family Lessons on Impact, Recovery, and Resilience
A candid discussion on vulnerability, stigma, and resilience in mental health care.
- **Laelia Benoit** (France)
Climate Change and Children's Mental Health
Examine the psychological impact of climate change and strategies for resilience.
- **Sven Bölte** (Sweden)
Psychiatry 2.0 in Autism and ADHD – From Categorical Overfocus to Personalized Functioning
Learn how WHO's ICF system is transforming care through individualized approaches.
- **Bruno Falissard** (France)
Is There a Child and Adolescent Psychiatric Colonialism?
Challenge assumptions and explore cultural sensitivity in global mental health.
- **Paul Plener** (Austria)
Self-Harm and Suicidality in Adolescents: From Understanding to Prevention
Gain insights into risk factors, interventions, and strategies to reduce self-harm and suicide among youth.

Plus, hear from

Hilary Cass, Argyris Stringaris, Chiara Servili, Philip Shaw, Guilherme V. Polanczyk, Ilina Singh, and Kapil Sayal, who will share cutting-edge insights on policy, neuroscience, and clinical innovation.

Don't miss this opportunity to engage with cutting-edge research, challenge assumptions, and connect with a global community of experts. Register now and be part of the conversation that will shape the future of child and adolescent mental health.



Call for Abstracts

Join us in shaping a congress that fosters innovation, inclusivity, and global collaboration. We look forward to your insights and expertise.

This is your opportunity to contribute to the global conversation in child and adolescent mental health. Check the guidelines and prepare your submission! Your research belongs on the world stage.

Abstract Submission Guidelines

Scan the QR code to read the guidelines and submit your abstract online. Please note that congress registration is required prior to your submission.



Submission deadline

**Poster
Presentations:**

20 January 2026

**Oral
Presentations:**

20 January 2026

Abstract submission
for IACAPAP 2026 is
available online!

Topics

We strongly encourage submissions across the full spectrum of Child and Adolescent Psychiatry.
In particular, we welcome contributions that explore:

Developmental pathways of risk and resilience

Digital Frontiers in Child and Adolescent Mental Health

Mental Health in Global Crises

Rethinking Child and Adolescent Psychiatry – paradigms, theories, and practice

Child and Adolescent Psychiatry Services – Innovation, Inclusion, and Implementation

Prevention, Early Intervention, and Mental Health Promotion

Topic List

1. Epidemiology

2. Transcultural Child and Adolescent Psychiatry

3. Psychosocial Development
 - a. Developmental Psychopathology
 - b. Identity Development, Stigma

4. Risk & Resilience Factors
 - a. Societal and Environmental Factors
 - b. Psychosocial & Lifestyle Factors, Coping Mechanisms

5. Gender Issues

6. Genetics and Epigenetics

7. Neurobiology & Neuroimaging

8. Neuropsychology

9. Transdiagnostic Symptomatology

10. Innovative Analytical Methods

11. Infant Mental Health

12. Specific CAP Conditions
 - a. Intellectual Disability
 - b. Functional Disorders (Feeding, Eating, Elimination, Sleep- Wake Disorders etc.)
 - c. Neurodevelopmental Disorders (ADHD, Autism Spectrum Disorders, etc.)
 - d. Trauma and Stress-Related Disorders
 - e. Anxiety and Mood Disorders
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14. Child and Adolescent Psychiatry Interventions and Services
 - a. Service Organization, Cross-Sectorial Collaboration
 - b. Public Mental Health, Prevention & Early Intervention
 - c. Family, Community- and School-Based Interventions
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15. Forensic Child and Adolescent Psychiatry

16. Child and Adolescent Psychiatry Training

17. Policy, Advocacy, Ethics & Participatory Research

18. Philosophy & Interdisciplinary Topics

Submitters are required to select one or two topics that best match their abstract.

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Be part of the 27th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), taking place from 1–4 July 2026 in Hamburg, Germany. This global event brings together mental health professionals, researchers, and advocates to share knowledge, inspire innovation, and shape the future of child and adolescent mental health. **Early bird registration is still available until 20 January 2026** – secure your spot at a reduced rate before the deadline!



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High Income Countries	EUR 560	EUR 620	EUR 690
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High Income Countries	EUR 590	EUR 660	EUR 730
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5) Please verify that you are a member in good standing at the time of the congress (2026) without any outstanding membership fees. If your IACAPAP Individual Membership ends prior to the congress date, please make sure to renew your membership.

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CPO HANSER SERVICE GmbH
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Invitation to Bid for the 29th World Congress of IACAPAP in 2030



The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is pleased to announce the bidding schedule for hosting the 29th World Congress of IACAPAP, scheduled to take place in 2030.

The schedule is as follows:

- 1 January 2026 - Deadline for submitting the Letter of Intent
- 1 April 2026 - Deadline for receipt of the full bid document
- 15 May 2026 - Announcement of shortlisted candidates
- 30 June 2026 - Presentation of bids at the 27th World Congress of IACAPAP in Hamburg, Germany

Any parties interested in hosting the IACAPAP Congress 2030 should ensure their bids adhere to the requirements outlined in the bidding guidelines. Contact us at info@iacapap.org to obtain a copy of these guidelines.

IACAPAP President Awarded the Ruane Prize for Outstanding Achievement in Child and Adolescent Psychiatric Research

By: Dr Hesham Hamoda, Director of Communications and Bulletin Editor - IACAPAP, Boston Children’s Hospital, United States

Prof Luis Rohde, IACAPAP President, was awarded the 2025 Ruane Prize for Outstanding Achievement in Child and Adolescent Psychiatric Research. This is the first time the award is given to an investigator living and producing science in Latin America in any of the 4 categories.



Figure 1: Prof Luis Rohde attended the annual International Awards Dinner in New York city in October 2025.

This prize was initiated in 2000 by philanthropists Joy and William Ruane to



Figure 2: 2025 Ruane Prize for Outstanding Achievement in Child and Adolescent Psychiatric Research

recognize important advances in understanding and treatment of early-onset brain and behavior disorders. This prize carries an award of \$50,000 and the winner(s) is honored at the annual International Awards Dinner in New York City in October.

Dr. Rohde notes “This award represents that is possible to do mental health science in LMIC with the same quality as those conducted in the best places in HIC.”

On behalf of the global IACAPAP community we congratulate Dr. Rohde on this well-deserved award.

HRRS 2025 – Irsee, Germany

10th Helmut Remschmidt Research Seminar (HRRS 2025)

By: Covadonga Canga-Espina, Samiha Laoures Meddouri, Marta Berni, Müge Mutlu

During the first week of September 2025, the 10th Helmut Remschmidt Research Seminar (HRRS 2025) took place in Irsee, Germany, bringing together a vibrant group of 23 young researchers from across the world. Representing diverse multidisciplinary backgrounds but sharing a common commitment to advancing mental health, they were guided by six mentors: MD. Anna Ordoñez, Prof. Bruno Falissard, Prof. Christina Schwenck, Prof Carmen Schröder, Prof. Maretha de Jonge, and Prof. Petrus de Vries.

What began with cautious introductions quickly turned into inspiring

conversations, collaborative projects and heartfelt connections. As stated before, participants came from diverse countries and disciplines—psychiatry, psychology, social sciences, public health, and beyond. This diversity became our strength, reminding us that meaningful change in mental health requires multiple perspectives, united by curiosity and openness.

The seminar was not limited to lectures and research sessions. It was about cultivating a mindset: approaching science **without prejudice**, listening actively, and striving for **deep understanding of each other**.

Figure 1: HRRS 2025 - Gala night group picture (Mentors and Mentees)





Figure 2: Some of HRRS 2025 mentors and mentees at the Neuschwanstein Castle

Mentorship sessions offered valuable insights into methodology, career development, and the challenges of working across cultures. At the same time, informal gatherings—over meals, during walks and excursions, or in shared reflections—reminded us that human connection lies at the heart of all scientific progress. Additionally, the seminar addressed not only academic growth but also the importance of

balancing academic and personal life. Dedicated sessions explored how to sustain social well-being alongside scientific productivity. These reflections helped us recognize that life is a whole, and that maintaining this balance is essential for both personal fulfillment and long-term contributions to the field.

By the end of the week, HRRS 2025 felt less like a seminar and more like a

Figure 3: HRRS 2025 – Spending time together (mentors and mentees)





Figure 4: HRRS 2025 – Group picture in gorgeous Kloster Irsee (Mentors and Mentees)

community. Together, we explored ways to improve child and adolescent mental health globally, not only through academic excellence but also through empathy, openness and collaboration. After this powerful experience, we left Germany enriched with scientific knowledge, enduring friendships and a renewed commitment to shaping a future where mental health is a global priority.

As we return to our home institutions, we carry with us the voices of our mentors and peer mentees, the lessons of dialogue without borders and the shared hope that through understanding and

cooperation, we can move the field of mental health forward—for children, adolescents and societies everywhere. The friendships we built during this seminar are ones that will last—enriching our lives both socially and academically in the years ahead.

It was an immense privilege and a truly memorable occasion to receive a visit from the distinguished Professor Remschmidt. We were deeply honored by his presence and generosity, as he spent valuable time with us and shared personal experiences. Furthermore, he showed exceptional kindness of spirit by attentively listening to our work and the challenges we face. He not only offered keen insights and perceptive remarks but also provided thoughtful and constructive advice – not just about Child and Adolescent Psychiatry, but about life itself. His visit was both an inspiration and a masterclass, leaving a lasting impression on our entire team.

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The Autism Collaborative in Singapore

By: Dr Goh Tze Jui, Principal Clinical Psychologist and Tan Zhi Hui, Research Assistant, Department of Developmental Psychiatry, Institute of Mental Health, Singapore

The Autism Collaborative is a Singapore-based initiative aiming to establish a centralised platform where professionals and the autism community can access resources, co-create solutions, connect across disciplines and collaborate on research efforts. Most importantly, we are committed to creating a space for everyone to work together in the spirit of inclusivity and togetherness. We host a series of events and trainings where we share knowledge, strengthen skills, and help knit a more cohesive and connected autism community.

Journey with Autism

One of the collaborative’s stand-out moments in 2025 was the ‘Journey with Autism’ event. It was held in commemoration of the World Autism

Awareness Month, and it officially marked the launch of the Autism Collaborative. Program highlights included our Public Talk Series, fringe activities and interactive sessions. Our Public Talk Series, attended by over hundreds of professionals and members of the public, covered topics ranging from anxiety and emotional regulation, understanding sensory processing differences, and exploring a parent’s perspective on raising a child with autism. Feedback from the talk was overwhelmingly positive, with many participants noting the relevance and quality of the content covered.

Beyond our Public Talk Series, we also curated a multi-sensory room where participants can either engage or retreat into their sensory world. There were also



Figure 1:
Launch of the Autism Collaborative at Journey with Autism.

interactive workshops, including LEGO®-based therapy and mindfulness sessions. Our interactive sessions were extremely well-received, with tickets for the sessions fully booked weeks before the event. Organizations and small enterprises took part in a mini bazaar where there are booths managed by individuals with special needs, and an art showcase featuring artworks of people with autism. Works of art by these talented individuals were printed on tote bags and lanyards as keepsakes for guests.

Figure 2: The multisensory room



online session to exchange perspectives and valuable insights. The session began with a case presentation, followed by an open Q&A and discussion that reflect on the practices from across settings. Our host team then distilled the key takeaways and ended the session with a concise, evidence-based sharing of the topic.

Many attendees felt that the Community of Practice was extremely relevant and useful for their professional practice. At its core, the Community of Practice advances our goal of promoting the

Community of Practice

Our Community of Practice started off strong in August 2025 with the purpose of bringing together professionals from diverse disciplines to co-learn, exchange experiences, and refine practice through case-based discussion. Over 90 professionals joined us in our inaugural

knowledge and skillsets of professionals beyond the virtual space. By gathering professionals together in a skills-rich environment and transforming knowledge into practice, they can then bring that into their own professional practice and community. We also hope to engage people with lived experiences and their caregivers to join us in these

events where we can learn from each other to build understanding and improve ways of practice.

Webinars

The Autism Collaborative also runs a series of webinars for both professionals, caregivers and individuals in the autism community. Most recently, we presented “Changing Bodies, Changing Needs”, a talk on puberty and sexual health for individuals with autism. We explored body awareness, distinguishing private and public behaviours, and fostering healthy and respectful social interactions. Some of our past talks examined Singapore’s National Service for individuals with autism, as well as behaviours of concern in adults with autism using the biopsychosocial approach. Our talks allow us to widen access to knowledge for caregivers and individuals with autism, bridging the gap between knowledge and everyday life for them. We welcome the autism community in sharing with us important topics to explore and aim to co-create future sessions with them.

Call to Action

Building an inclusive society starts with us. By taking small steps, we hope to be part of a growing network of professionals working alongside the autism community to work towards a shared goal – a world where everyone is important. Find out more about the Autism Collaborative at <https://www.asdcollaborative.sg> and join

the network of professionals at <https://for.sg/ac-professionals-network>.

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For more information, please contact:

Hesham Hamoda
(hesham.hamoda@childrens.harvard.edu)

Lakshmi Sravanti (drsavanti@yahoo.com)

Rajesh K. Mehta (rmeht2033@gmail.com)



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How One Community Created a Safe Space for Ukrainian Children and Their Therapists: The Leszno Model

By: Ewa Dobiala, MD, Leszno, Poland, Founder & CEO, WAPP Support Project Association, Poland, Medical Director, Mental Health Center for Children, Adolescent and Adults, Leszno, Poland and Executive Board Member, World Association for Positive and Transcultural Psychotherapy

I found out what happened on the night of February 24, 2022, from my younger child. On Friday morning, on her way to school, she was looking past me. Later, she admitted that she had spent the whole night on Messenger talking to a friend from Kyiv who was alone in a bombed apartment. The war had begun. At that moment, I understood that children are the first to react, and that when parents are themselves caught in the epicenter of war and collective trauma, they can rarely be the emotionally present adult a child needs.

It became imperative to immediately create a stabilizing space for Ukrainian

psychotherapists, to support those that support others. We created the first online group on March 1, 2022, with several hundred Ukrainian specialists attending. They connected from basements, from cars stuck in traffic jams at the border, and from apartments where alarms could be heard constantly, trying to keep themselves and their loved ones alive. At the same time, the first group of Ukrainian children began to arrive in Leszno, Poland. Some did not speak for several days, others woke up screaming at night. We saw what childhood trauma looks like “right after” a war: trembling hands, hypersensitivity to the slightest sound, freezing, and

Figure 1: First International Conference in time of war in Leszno (2022), gathering 430 specialists – with around 350 from Ukraine – to create a shared space of support, reflection, and humanity during the ongoing war.



nightmares. Their mothers were often on the verge of exhaustion after dozens, and sometimes hundreds, of hours of travel. We saw that it was not enough to “take in refugees.” We had to rebuild their world for them, even if only at a small scale of one city.

This is how, in April 2022, the Ukrainian House in Leszno was established, where therapists from bombed Ukraine could work in their native language, in their cultural code, in a place where no one asked them if they already had a job or how long they would stay. Classic one-off crisis interventions proved ineffective. Mothers were afraid to bring their children for consultations. The children needed a space where they could eat peacefully, play, and catch the rhythm of a stable adult's breathing. We then understood something that later became the axis of the Leszno Model: a child in trauma does not have the resources to adapt to the system; it is the system that needs to be reorganized to adapt to the child's neurophysiological capabilities.

At the same time, in the same city, Polish children were experiencing something completely different. They did not hear explosions, they did not flee across the border at night. But every day, their school classes were joined by peers from Ukraine, with stories that the adults around them did not have the strength to listen to. These stories quickly found their way into the children's conversations. Children in Poland began to carry within themselves stories of war that were still silenced in many of their homes.

In our offices, we heard sentences like, “Mom says it's not happening here, but I'm still scared.” In the background were family histories, grandparents traumatized by World War II, parents raised in the shadow of untold stories. Transgenerational trauma was reactivated. There are two interplaying dynamics: fresh war trauma in Ukrainian children and transgenerational trauma in Polish children. It came together in one place, in schools, daycare centers, and offices. And that is why the Leszno Model from the very beginning concerned two populations at once. The structure that was created was, in fact, a bridge between two systems. On the one hand, there was the Ukrainian House: a place where children could experience a safe and stable environment; on the other, there was the Leszno Mental Health Center and Day Care Unit, where those who already needed psychiatric treatment or more intensive care were sent. Polish and Ukrainian children participated in the same therapeutic groups and used the same system.

At some point, it became clear that the entire system was supported by people who also had their limits: Ukrainian and Polish therapists and teachers. Many of them worked to the limits of their capabilities. This experience gave rise to the Leszno Declaration. Its message is very simple: it is impossible to protect children in times of war without protecting those who keep them alive.

So regular support groups were needed, a space to express helplessness, anger, and fatigue without fear that it was

“inappropriate.” At some point, it became clear that this burden had to be shared more widely. This is how the European Room for Listening was created in June 2023: online meetings where Ukrainian therapists met with colleagues from various European countries. No hierarchy, no colonization, just attentive, transcultural presence. The next step was therapeutic retreats: week-long trips, first in Leszno, then also in France and Denmark. These were not conferences or training sessions, but time for sleep without alarms, for silence, for somatic-sensory regulation.

Perhaps it is because Leszno is only a small town, but the experiences that took place here are repeatable in a thousand other places. The war in Ukraine has revealed something that has a wider scope: mental health systems are not prepared for mass childhood trauma or for the fact that a country's transgenerational history resonates with the current war abroad.

From the perspective of these three and a half years, I would say that the Leszno Model carries three simple but difficult lessons. First, children cannot be more stable than the adults who guide them. If we do not take care of therapists and teachers, all “children's” programs will have a very fragile foundation. Second, the system needs to see the child not large programs written from behind a desk. Thirdly: without understanding transgenerational trauma (Polish, Ukrainian, or any other), we will continue to be surprised by the intensity and severity of the reactions of children.



Figure 2: Joanna Dobiła, 2023 – a young artist's visual interpretation of the emotional landscapes shaped by the resonance of war imagery and transgenerational experiences in Poland

Children do not choose the wars or borders they are placed in. They do not choose the stories that resonate with their grandparents' past. It is we, as adults, psychiatrists, therapists, systems, communities, who choose how to respond to this.

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Integrating Trauma and Mental Health Services for Adolescents into Outpatient Care in Western Kenya

By: Brittany M. McCoy, MD^{1,2,3,4} & Eunice Temet, MBChB, MMED^{4,5}

¹Department of Global Health and Health System Design, Icahn School of Medicine at Mount Sinai, New York, NY, ²Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai, New York, NY, ³Department of Psychiatry, Icahn School of Medicine at Mount Sinai, ⁴Academic Model Providing Access To Healthcare (AMPATH) Kenya, Eldoret, Kenya and ⁵Department of Psychiatry and Mental Health, Moi Teaching and Referral Hospital, Eldoret, Kenya

Introduction

In Kenya, children and adolescents under the age of 19 years comprise nearly half of the total population (1). Against this demographic backdrop, ensuring that young people can readily access quality mental healthcare is an urgent national priority. A recent national survey found that 12.2% of Kenyan adolescents (10-17 years) met criteria for a psychiatric disorder (2). However, few had accessed any form of support for their mental health concerns, and families noted a lack of available services as one of multiple barriers to adolescents receiving the mental healthcare they need (2).

Furthermore, studies with Kenyan adolescents have found rates of exposure to potentially traumatic events as high as 94.8% in school-based samples, with 34.5% of those exposed meeting criteria for a diagnosis of PTSD (3, 4). Exposure to traumatic events in childhood has been associated with multiple negative physical and mental

health outcomes (5). Given the morbidity associated with childhood trauma and availability of highly effective, evidence-based treatments for childhood traumatic stress symptoms, experts advise screening for trauma and traumatic stress symptoms during pediatric primary care visits to facilitate early identification and intervention (5, 6). Such screening is not yet standard practice in many settings, though, including in Kenya, where models for routine pediatric trauma screening and interventions in outpatient care are understudied (5).

The Angaza Project

With pilot grant funding from the Arnhold Institute for Global Health at the Icahn School of Medicine at Mount Sinai, our team is undertaking work to culturally and contextually adapt a model of screening for and responding to trauma and traumatic stress symptoms among adolescents in western Kenya. “Angaza” is a Swahili word meaning “to give light” and is often used to represent hope or opportunity. Through culturally grounded

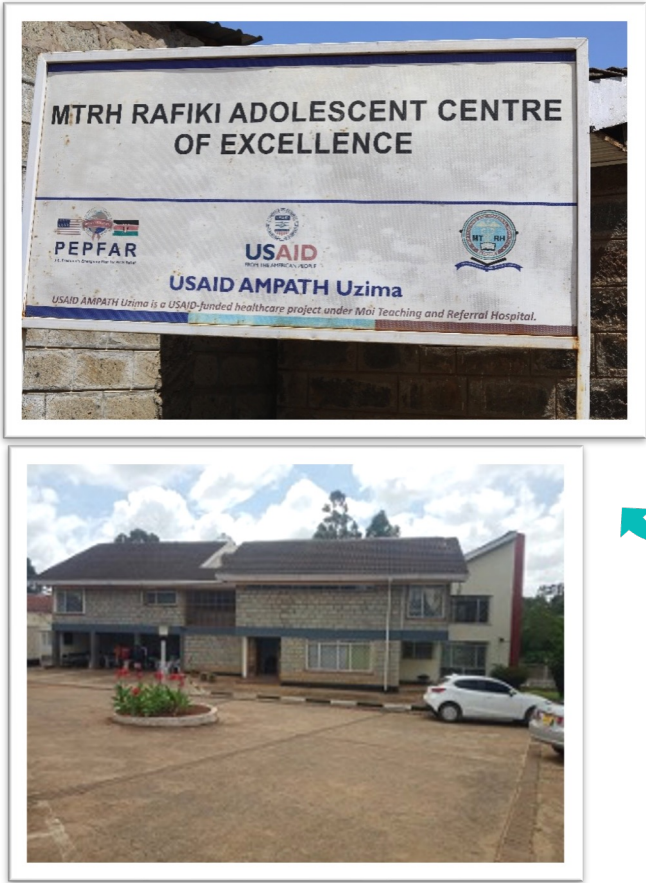


Figure 1-3: The MTRH Rafiki Centre for Excellence in Adolescent Health in Eldoret, Kenya serves as one site of the Angaza Project. This outpatient clinic provides youth-friendly healthcare services, including mental health services, to over 870 youth between the ages of 15 and 24 years in western Kenya.

trauma screening and early intervention, the Angaza Project seeks to “give light” by fostering hope and strengthening the resilience of Kenyan adolescents affected by trauma.

Using implementation science methods, including interviews and focus group discussions with key partners, our team is working to collaboratively adapt the Pediatric Traumatic Stress Screening Tool and Care Process Model for Pediatric Traumatic Stress to serve the needs of adolescents and young adults (ages 10-24 years) receiving care at two outpatient clinics based at Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya (5). Together, these clinics provide care to over 1,100 young people

from Eldoret and its surrounding communities. MTRH and the Icahn School of Medicine at Mount Sinai in New York City, USA are institutional partners through the Academic Model Providing Access to Healthcare (AMPATH) Kenya consortium (www.ampathkenya.org). The Care Process Model for Pediatric Traumatic Stress is an evidence-based model that guides clinicians on how to appropriately respond to positive screens on the Pediatric Traumatic Stress Screening Tool, including with brief interventions (5). Importantly, this model is intended to be delivered by non-mental health specialists, increasing its utility in settings where access to mental health specialists is limited.

The Angaza Project expands our previous efforts to incorporate culturally adapted tools for routine depression, anxiety, and substance use screening

into adolescent clinical care at our partner clinics. As emerging evidence suggests that screening for depression alone misses many adolescents with significant traumatic stress symptoms, the addition of trauma screening will help clinicians to both better identify adolescents with traumatic stress symptoms and more accurately characterize their mental symptoms (7). By doing so, we can help ensure adolescents receive the most appropriate mental health interventions for their concerns earlier.



Figure 4: Eunice Temet, MBChB, MMED (left) and Brittany McCoy, MD (right) serve as co-Principal Investigators for the Angaza Project (from left to right)

Conclusion

Upon completion of this work, the Angaza Project will have generated a culturally and contextually adapted model for identifying and supporting adolescents who have experienced trauma in western Kenya. Our next step will be to pilot the adapted model in our partner clinics to evaluate its feasibility, acceptability, and appropriateness for Kenyan adolescents, their families, and clinical staff and programs. By strengthening the groundwork for a scalable, trauma-informed approach to

adolescent care, this project seeks to contribute to improved identification of traumatic stress, more timely support for affected adolescents, and long-term gains in mental health outcomes across western Kenya.

Acknowledgements

The Angaza Project is funded with support from the Arnhold Institute for Global Health at Icahn School of Medicine at Mount Sinai, in partnership with Moi University and Moi Teaching and Referral Hospital. The content is solely the responsibility of the authors and does not necessarily represent the official views of Mount Sinai or Moi University/Moi Teaching and Referral Hospital.

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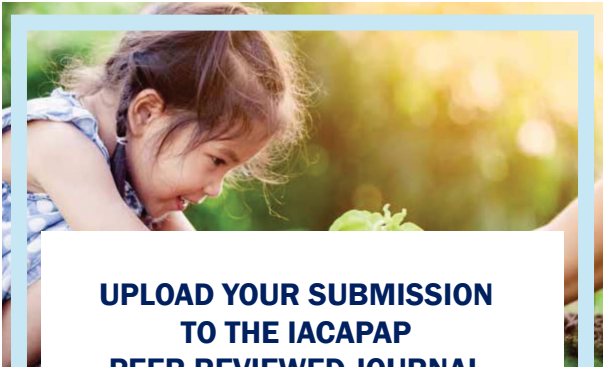
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Child Mental Health in Duhok, Iraq

By: Dr Abdulbaghi Ahmad, MD, SBCAP, PhD, Founding Director, Metin Health House for Child Mental Health, Duhok, Kurdistan Region, Iraq

Since we shared the last update of child mental health activities in Duhok, Kurdistan Region of Iraq, in the [IACAPAP Bulletin December 2020 | Issue #60](#), the Metin Health House (MHH) has continued its struggle to survive with the ongoing socioeconomic crises in the region. Despite these challenges we have been able to advance the following programs:

This innovative model of child mental health care designed to gradually allow the governmental health system to take over following closure of the [Department of Child Mental Health at the Duhok University](#) after 10 years of activity in collaboration with the Swedish Uppsala University (2001 - 2011). According to the Investment law, the state provided land while the building started as a private investment with two departments; an outpatient clinic receiving Child and Adolescent Psychiatric patients for diagnosis and treatment, and a day-care for preschool children (1-5 years of age) integrating children with special needs from the first department with normally developing children.

Due to the rapid social transition in the region from a closed collective society to an open one with focus on the individual, there have been different socio-economic crises leading to increased poverty. The state could not take over responsibility to deliver care free of charge. Thus, the number of visitors to the MHH gradually decreased (compare 2013 in Table 1 with 2024 in Table 2).



Figure 1: Information about the Metin Health House

The First Stage of MHH: started in 2008 as a private initiative recommended by the Director General of Health in Duhok.

	Boys (n=63)	Girls (n=18)
Age range (mean)	1.10 -21(4,5) y	1.5 -32 (5,2) y
Origin (%):		
Duhok	54 (85.7)	16 (88.9)
Erbil	2 (3.2)	1 (5.5)
Suleymaniya	2 (3.2)	0 (0)
Mosil	1 (16.1)	0 (0)
Tikrit	2 (3.2)	0 (0)
Najaf	1 (16.1)	0 (0)
Zakho	0	1 (5.5)
Diagnoses (%)		
Autism	23 (4.4)	1 (5.5)
Mental Retardation	11 (20.7)	2 (11.1)
ADHD	9 (17.0)	0 (0)
Cerebral palsy	3 (5.7)	2 (11.1)
PTSD	3 (5.7)	0 (0)
Stuttering	3 (5.7)	1 (5.5)
Oppositional Defiant Disorder	2 (3.8)	0 (0)
Anxiety Disorders	2 (3.8)	1 (5.5)
Enuresis	1 (1.9)	0 (0)
Depression	0 (0)	1 (5.5)
Epilepsy	0 (0)	1 (5.5)

Table 1: Gender distribution of visiting patients to the MHH in 2013

Table 2: Gender distribution of visiting patients to the MHH in 2024

	Boys (n=63)	Girls (n=18)
Age range (mean)	1.10 -21(4,5) y	1.5 -32 (5,2) y
Origin (%):		
Duhok	54 (85.7)	16 (88.9)
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Oppositional Defiant Disorder	2 (3.8)	0 (0)
Anxiety Disorders	2 (3.8)	1 (5.5)
Enuresis	1 (1.9)	0 (0)
Depression	0 (0)	1 (5.5)
Epilepsy	0 (0)	1 (5.5)

The economic crisis continues to pervade the society in the Kurdistan region of Iraq, mainly due to [corruption](#). As a consequence, the number of visiting patients continues to decline despite the discounts offered to families in need.

The Second Stage: started in 2021 with a building that separately housed two further departments; a Maternal and Child Mental Care ([MCMC](#)) and a department serving Healthy Original

Food ([HOF](#)). The request of ownership for the land is proceeding according to the Investment law, and a proposal has been submitted to the government for a Public-Private Partnership ([PPP](#)).

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Special Interest Group



Establishment of standing special interest groups as a peer-to-peer educational and capacity-building mechanism, with the objective of fostering more enduring and impactful groups, preferably led by dedicated members.

List of SIG that are available:

1. [International Pediatric Psychopharmacology \(IPP\)](#)
2. [Coercive Control](#) (including child abuse and neglect and intimate partner violence)
3. [Inpatient on Child & Adolescent Psychiatry](#)

Healing After Disaster: Creating a Children's Workbook after the Earthquakes in Türkiye

By: Hanife Nur Akal, MD¹, Alexandra Harrison, MD², Büşra Uğur, MSc, Prof. Dr. Zeynep Simsek³

¹Children's National Hospital & George Washington University School of Medicine and Health Sciences, ²Supporting Child Caregivers and ³Istanbul Bilgi University, Türkiye

When the devastating earthquakes struck southern Türkiye and northern Syria in February 2023, I was thousands of miles away, completing my child and adolescent psychiatry fellowship in the United States. Like many Turks living abroad, I watched the images of collapsed homes and grieving families with disbelief and sorrow. I felt heartbroken and helpless - wanting to help, yet unsure how.

In those early weeks, I met Dr. Gilbert Kliman, a pioneer of trauma-narrative workbooks. He shared a simple but powerful idea: children can begin to heal by *telling their story* - not alone, but with the guidance and emotional support of a trusted adult. That idea became a compass in the chaos. Together with my mentor Dr. Alexandra Harrison, I began developing *Healing After Disaster*, a caregiver-child workbook designed to help families process their experiences safely and together.

We built the workbook around the five core principles of Psychological First Aid (PFA) - safety, calming, connectedness, self-efficacy, and hope. The story moves

gradually from the child's sense of self outward to their family, friends, community, and town, helping them restore a sense of continuity and belonging. Each page offers space for drawing, reflection, and shared conversation.

The workbook invites the child to be both *author and protagonist* - giving voice and agency to express what matters most, in their own way. It is not a task or assignment; families can return to it whenever they feel ready.

With no funding and only my laptop, I created the first version in PowerPoint - one small bridge toward communication.

At first, I had no local partners, and for many months, the workbook remained a prototype. Then, nearly a year after the earthquakes, the project found its home. I connected with the remarkable Istanbul Bilgi University team - led by Prof. Dr. Zeynep Şimşek, Dean of the Faculty of Health Sciences and an expert in social work in public health and disaster response. She and her graduate students embraced the project and brought it to

Hatay, one of the regions most deeply affected.

Nearly a year later, families were still living in container homes, aftershocks continued, and infrastructure and basic services were still very limited. Amid these challenges, the Bilgi team introduced *Healing After Disaster* for the first time. They led small sessions with mothers and children and gathered feedback from local professionals. Their work reflected a principle shared by mentors like Dr. Harrison and Dr. Şimşek: recovery begins in relationships and grows through community trust.

The culturally adapted workbook for Hatay included new modules on emotional and behavioral reactions to trauma, caregiver-child co-regulation, an age-appropriate explanation of “what an earthquake is.” We simplified the language, redesigned visuals to reflect local life, and returned often to one guiding question: *Does this feel safe and true for the families who will use it?*

The pilot phase was small and exploratory. While formal results will be reported separately, one family's story revealed more than any data point.

Months after the first field visit, Büşra received a message from a mother who wanted to share that her daughter had finally completed the workbook. Her heartfelt note showed how healing had quietly taken place over time.

In the mother's words:

“Shortly after the earthquake, I met a psychologist, Büşra. She offered support not only to me but also to my daughter. She recognized how important it was for my daughter to make sense of what had happened and to heal from the trauma. To help with this, she gave us a book filled with activities, designed to guide my daughter through the process of understanding and coping with her emotions.

At first, I hid the book from her, because I didn't know how to handle her emotions. But then, when I felt ready with the help of Büşra, I kept the book in a visible place in our homes—the container, the tent—where we lived, where it was always within reach. Finally, when we moved to our prefabricated home, she seemed ready. My daughter decided she would start working on it, when life felt more stable. ‘Mom, shall we write the story of my life?’ Her words stayed with me. That book became more than just pages of activities. It became a way for us to reflect, share, and heal. It was a journey of resilience—of finding hope amidst loss, and of rebuilding not just our home but our hearts.”

It had been raining the morning the earthquake struck. In one of her daughter's drawings, half the page shows sun and happiness, and the other half shows rain and tears – a reflection of that day and of how light and sadness

now live side by side. Her daughter, five years old at the time, didn't yet know how to read or write, so her mother gently wrote captions beside each drawing – simple notes that gave words to her child's feelings.

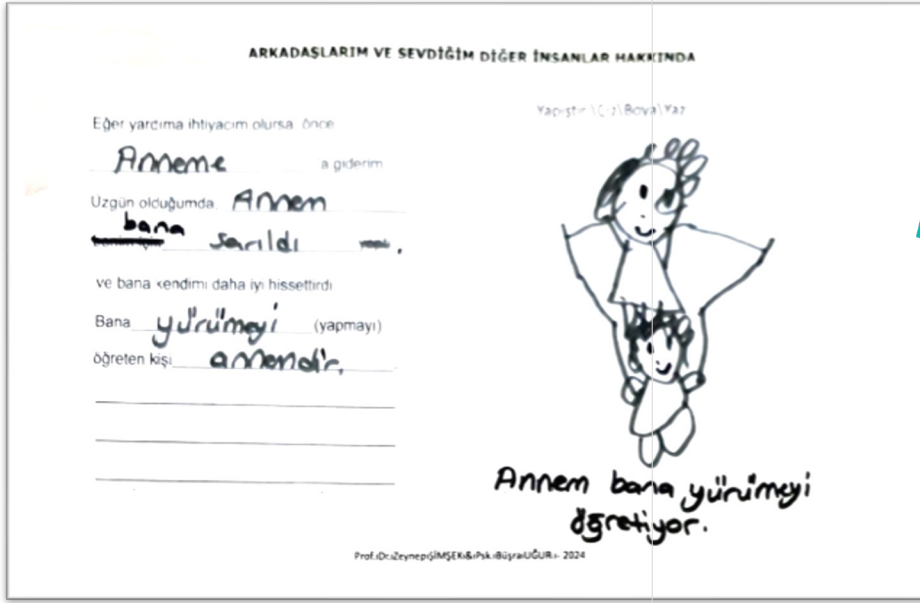


Figure 1:

About My Friends and Other People that I Love:

If I need help, I first go to my mother. When I feel sad, my mother hugs me, and I feel better. My mother taught me how to walk.

(Drawing "My mother is teaching me how to walk").

Figure 2:

"There are cracks on the walls of our home. It's raining a lot. An excavator came to demolish our house. This is me - I am sad and crying."





Figure 5: The international team behind the project, bringing energy and enthusiasm to every meeting.

emerge long after immediate survival. We are also preparing an Arabic translation to reach Syrian refugees in Türkiye and Syrian families elsewhere who continue to live with displacement and loss. Each adaptation will honor local knowledge, timing, and culture, and meet families where they are.

For all of us involved, this project reshaped how we think about trauma. We now see it not as a single event or diagnosis but as a relational process - a disruption in safety and meaning that can be repaired through connection.

Healing After Disaster was created to support children and caregivers healing together, at their own pace and in their own way. Our role is not to rush that process, but to accompany it - to hold space for language, trust, and relationship until readiness emerges.

The workbook became one such bridge - built with patience, respect, and the belief that even touching one heart is worth all the words in one book.

All materials and quotes were shared with the family’s permission.

Conflict of Interest

The authors created the workbook as a freely distributed, non-commercial resource. No financial interests declared.

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Bridging Gaps – Community Outreach and Capacity Building in Underserved Regions: Tunisian Society of Child and Adolescent Psychiatry in 2025

By: Samiha Laures Meddouri^{5,10}, Abir Ben Hamouda^{1,5,10}, Khaoula Khemakhem^{1,4,8}, Ons Nouira^{1,2}, Jaweher Boudabbous^{1,4,8}, Imen Chaabene^{1,11}, Hela Ben Abid^{1,3,7}, Randaline Ayoub^{1,3,7}, Wael Askri^{6,10}, Nawress Ben Lazreg^{6,9}, Ahmed Krifi^{6,10}, Donia Ben Touhemi^{4,8}, Youssr Moalla^{1,4,8}, Fatma Charfi^{1,5,10}, Asma Bouden^{1,6,10}.

¹Board of the Tunisian Society of Child and Adolescent Psychiatry, ²Child psychiatrist, Tunis, Tunisia, ³Department of Child Psychiatry, Fattouma Bourguiba Hospital, Monastir, Tunisia, ⁴Department of Child Psychiatry, Hedi Chaker Hospital, Sfax, Tunisia, ⁵Department of Child Psychiatry, Mongi Slim Hospital, Tunis, Tunisia, ⁶Department of Child Psychiatry, Razi Hospital, Manouba, Tunisia, ⁷Faculty of Medicine of Monastir, University of Monastir, Tunisia, ⁸Faculty of Medicine of Sfax, University of Sfax, Tunisia, ⁹Faculty of Medicine of Sousse, University of Sousse, Tunisia, ¹⁰Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia and ¹¹National Center for School and University Medicine, Tunis, Tunisia

In 2025, the Tunisian Society of Child and Adolescent Psychiatry (STPEA) focused its efforts on advancing perinatal mental health and expanding access to quality care in underserved regions of Tunisia.

The society has successfully launched a significant outreach initiative by deploying specialized mental health caravans to regions that are often underserved by such services. Specialists provided essential screening, consultation, and guidance directly to communities in strategically selected regions across Tunisia: Ain Draham in the northwestern Jendouba governorate,

Kef in the northwest, Enfidha in the coastal Sahel region (Sousse), and Medenine in the far south.

This initiative is a cornerstone of a broader strategic effort to dismantle barriers to mental healthcare and ensure equitable access for children and families across the entire country.

The caravan program was supported by a dedicated team of 14 child psychiatrists from different cities in Tunisia (Tunis, Monastir and Sfax). Their mandate was twofold: first, to build local capacity by leading specialized training workshops for healthcare providers in these regions,

and second, to deliver direct clinical consultations, thereby expanding access to essential mental health services for children and mothers in underserved areas.

During this initiative, 195 healthcare professionals from diverse backgrounds (general practitioners, pediatricians, nurses, midwives, speech therapists, occupational therapists...) enhanced their expertise through specialized training workshops. The curriculum

Figure 1: Mobile Outreach Caravans Organized by the Tunisian Society of Child and Adolescent Psychiatry in 2025, Regions of Aïn Draham, Kef, Enfidha, and Mednine (Tunisia)



focused on critical areas of early childhood development, including early interaction patterns, perinatal mental health, autism spectrum disorder (ASD), and the practical application of the M-CHAT-R/F screening tool for ASD.

Through these vital meetings, the visiting specialists exchanged knowledge with healthcare professionals, understanding the unique challenges of the area, and gaining a clearer map of the existing local resources. This collaborative approach not only provides immediate expert support but also strengthens the local healthcare network by building the capacity of frontline workers and creating referral pathways.

A clinical evaluation was provided to 185 children under five. Based on the assessment and parental concerns, families received personalized guidance and referrals for psychiatric follow-up, speech therapy, or other specialized care. The key outcomes included the identification and referral of several suspected ASD cases to local child mental health services, as well as the detection of other neurodevelopmental disorders and academic difficulties. To empower families, psychoeducational sessions were conducted, focusing on recognizing early warning signs of ASD, implementing appropriate educational approaches, and navigating locally available resources.

The strategic decision to meet children and families in their own communities is a direct response to the obstacles that most often cause families to delay care:

distance, cost, and a lack of local resources. By eliminating these barriers, this initiative secures a vital opportunity for early detection during the most critical neurodevelopmental window. This proactive approach is far more effective and cost-efficient, as it can mitigate the need for more intensive support later in life, ultimately leading to better developmental trajectories for the children served.

This initiative also confronts the deep-seated stigma that often surrounds child mental health in underserved communities, where challenges may be misunderstood or dismissed as behavioral issues. The very presence of mental health professionals serves to destigmatize care, normalize mental healthcare, spark public conversation and replacing misinformation with trusted, expert guidance.

In addition, these caravans will be regularly duplicated to ensure continuous outreach and support, further extending their impact and accessibility. Moreover, these initiatives will enable the implementation of telemedicine follow-up services in the near future for certain cases, providing ongoing remote monitoring and care, especially for families in remote or underserved areas.

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Fostering Collaboration and Growth: A Mentor–Mentee Journey through the IACAPAP’s Early Career Group program

By: Dilara Ozdemir, MD, Department of Child and Adolescent Psychiatry, Abant Izzet Baysal University Medical Faculty, Bolu, Turkey

Dejan Stevanovic, MD, PhD, Senior research fellow, Clinic for Neurology and Psychiatry for Children and Youth, Belgrade, Serbia

Launched in 2022, the IACAPAP’s Early Career Group (ECG) was created with an idea to strengthen the professional development of early-career clinicians and researchers in child and adolescent mental health (CAMH). The program fosters international networking, mentorship, and collaboration, enabling active participation in the global CAMH community. It is aimed at offering a supportive environment for the exchange of ideas and the development of partnerships across countries, cultures, and professional stages. Trainees, recent graduates, and students can connect with mentors who are committed to improving the mental health and wellbeing of children and adolescents.

As current participants, we have experienced how inspiring and empowering it is to be part of this international endeavor.

A Mentee’s Perspective

If you know Istanbul, you’ll remember how this magical city stands at the

crossroads of two continents. Where ancient Asian traditions meet Europe’s modern spirit, a unique harmony emerges. I feel that same fusion every day in my clinical work. In my third year of child and adolescent psychiatry (CAP) residency, I spent my days caring for patients in my local community and my evenings engaging with experts worldwide through webinars and trainings. Like the city itself, I stood with one foot firmly rooted in my cultural context and the other stepping into global innovation.

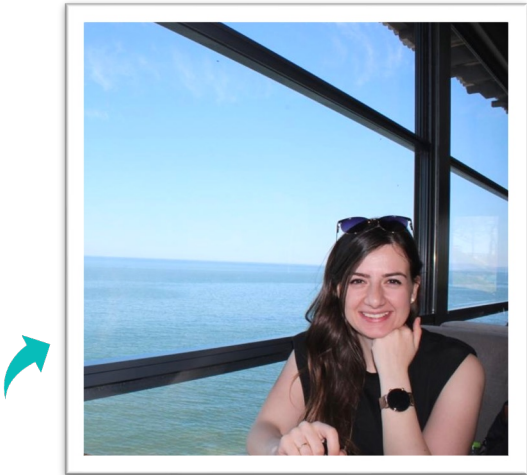


Figure 1: Mentee - Dr Dilara Ozdemir

When I received the Donald Cohen Fellowship (DCF) in 2024, what I felt most deeply was a sense of professional embrace. It gave me the confidence to let go of my lingering insecurities and step onto the global stage with purpose. Soon after, a pivotal match arrived—one that I immediately sensed would shape my career. I was a traveler with a head full of ideas but without a clear map; the ECG offered me a guide who not only knew the paths but was genuinely eager to walk them with me: Dr. Stevanović, my mentor on this journey. Within the first five minutes of our first meeting, any perception of being a mere “guest” in the global arena faded. I felt seen, valued, and welcomed—as a colleague among colleagues.

Through our early discussions, my curiosity evolved into a shared scientific purpose—one rooted in both my clinical observations and the broader needs of Turkish youth. In my practice, I repeatedly observed how pervasive and functionally impairing irritability is across diverse diagnostic categories. Yet culturally appropriate assessment tools—especially those capable of capturing both tonic and phasic irritability—remained scarce. Together, we identified this gap as a significant clinical and research priority.

For our ECG collaboration, we have developed a small project aiming to more precisely characterize the multidimensional nature of irritability in youth. The study is intended to evaluate children and adolescents aged 8–17 in a transdiagnostic manner (i.e., ADHD,

anxiety disorders, and mood disorders) samples in several places in Türkiye. All participants will undergo structured clinical interviews to accurately determine the clinical significance of their irritability and complete several self- and parent-rated psychopathology scales. Foremost, we plan to adapt two innovative instruments into Turkish: the Irritability and Dysregulation of Emotion Scale (TIDES-13), which measures proneness to anger, negative emotional reactivity, frustration intolerance, and the frequency and severity of outbursts; and the Emotional Outburst Inventory (EMO-I), a parent-interview tool focused on behavioral expressions of irritability within the irritability-anger-aggression continuum. This process represents far more than a routine scale adaptation. By integrating my frontline clinical insights with Dr. Stevanović’s extensive global research experience, we have developed a methodology that we believe will meaningfully advance both clinical practice in Türkiye and the international understanding of irritability in youth. We look forward to presenting the initial findings at the 27th IACAPAP World Congress in 2026, in Hamburg.

A Mentor’s Perspective

In 2009, I was also awarded the DCF while training in CAP, which was marked a turning point in my career. Although I had some research experience prior, the fellowship allowed me to engage more deeply in CAMH research and taught me how transformative networking can be for both personal and international career development. Since then,

participating in consortia such as the International Child Mental Health – Study Group (ICMH-SG), the Autism Spectrum Disorder International Consortium (ASDIC), and more recently the ECNP Child and Adolescent Neuropsychopharmacology Network and Cross-Cultural Consortium on Irritability (C3I) has provided me with invaluable experience. These initiatives have not only helped me build international networks but also deepened my understanding of the evolving needs, preferences, and perspectives of young people. These insights are directly relevant to the ECG, where fostering mentorship, collaboration, and peer connections is central. I believe my experience navigating diverse international initiatives and engaging with emerging CAMH leaders can help ECG’s members fully benefit from networking, mentorship, and professional growth within the global CAMH community.



Figure 2: Mentor - Dr Dejan Stevanovic

Being engaged in the ECG as a mentor has given me the opportunity to fully

apply and operationalize my knowledge and experience in networking, collaboration, and research development, which I think is necessary for my future colleges who will mentor for the ECG. Working closely with an early-career colleague who combines curiosity and hard work with an instinctive understanding of what needs to be done, we were able to develop the study mentioned above, transforming initial ideas into a structured, timely, and relevant research project. Throughout this process, we held a series of online meetings to brainstorm, refine concepts, and ensure that the study would be both meaningful locally and significant in an international context. On a personal level, Dilara has taught me to be more patient and supportive with younger colleagues.

Concluding Reflections

Our journey through the ECG highlights the power of global collaboration grounded in local clinical needs. By uniting diverse perspectives and experiences, mentorship becomes more than guidance—it becomes a shared pathway to advancing CAMH worldwide. For us, the ECG fostered a dynamic mentor-mentee partnership that extended beyond a single project, creating space for professional growth, knowledge exchange, and meaningful networking.

From an international perspective, we worked together to identify key figures and local opportunities to strengthen our work and develop a study which is relevant and timely. This experience has

shown that success depends not only on insightful mentorship but also on the active engagement of early-career colleagues who are inquisitive, diligent, and able to intuitively navigate challenges.

As we continue our study and prepare to share its findings internationally, we are reminded that lasting advances in CAMH are built on connection: connections that empower early-career professionals, expand global knowledge, and ultimately improve the lives of young

people. We are excited to see how the foundations laid through the ECG will help shape the future we are striving to create together and believe that will inspire more of our colleagues worldwide to join this program.

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EARLY CAREER GROUP (ECG) PROGRAM

Become a ECG Member

Apply Now

About Us

Aims to boost professional/educational growth and collaboration among young IACAPAP members.

For More Information :

<https://iacapap.org/programmes/early-career-group.html>





The **Early Career Mentorship Program** offers members a structured pathway for members to connect with experienced professionals and academics who can guide their career development. This program is designed to foster engagement between ECG members and nominated mentors worldwide, emphasising shared interests and career planning in a small group format over a nine-month period. IACAPAP has developed tools to ensure that both mentors and mentees effectively utilise their mentorship experience.

This mentorship initiative provides essential educational insights for early careers, encouraging in-depth discussions on a variety of topics, including complex cases, research ideas, and service challenges. Additionally, the program enhances peer relationships and facilitates collaborations in the field of child and adolescent mental health, creating a supportive community for ongoing professional growth.

Suitable and motivated professionals (clinicians or academicians) from IACAPAP community are welcomed to apply for this program to make unrivalled contributions to the career of our colleagues.

About the program:

- The program will start on **10th of February 2026** and run over the course of **9 months**.
- Coordinated by the ECG program coordinators.
- Expectations for minimum of 6 online mentor-mentee encounters/sessions in small groups format.

If you are interested to become a mentor and have passion for making an impact to early careers, please submit your [application online](#) before **December 20th, 2025**. Together, let's melt distances and globalize education for the benefit of children all over the world.

For more information or to join Early Career Group Program, please visit <https://iacapap.org/programmes/early-career-group.html>

[To apply](#)

Conversations With a Leader: Excerpts from an Interview With Past IACAPAP President Prof. Helmut Remschmidt

By: Dr Lakshmi Sravanti, Deputy Bulletin Editor of IACAPAP, Assistant Professor in the Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS)

In a deeply engaging conversation with Dr. Yewande Oshodi, Secretary General of IACAPAP, Prof. Helmut Remschmidt, one of IACAPAP’s longest-serving Presidents, reflected on the formative experiences, global collaborations, and enduring initiatives that shaped his remarkable career in child and adolescent psychiatry. Below are selected excerpts from the full interview.

To watch the full interview, visit: <https://youtu.be/LaaWHnuFCWY>

Early Inspirations and Path to Child Psychiatry

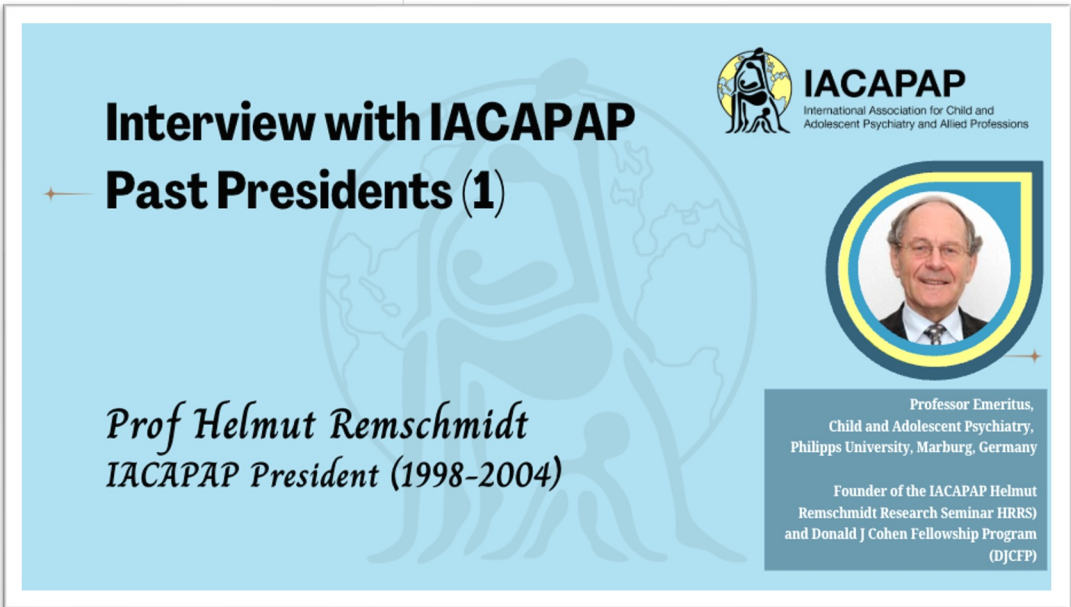
A pivotal moment early in his training opened Prof. Remschmidt’s path into the field.

“This little girl with epilepsy stimulated my interest to then become a child psychiatrist... exactly.”

Guided by mentors, including the founder of the German Child Society, he chose to train in Marburg, a decision that set the tone for decades of leadership in the discipline.



Figure 1:
Cover -
Interview with
IACAPAP Past
Presidents (1)



Building From the Ground Up

At just 35 years of age, he was invited to establish a new Chair of Child Psychiatry and Child Neurology at Freie Universität Berlin.

"I had to establish this clinic from the bottom. There was nothing."

To build a world-class service, he travelled across Europe, the United States, and Canada – visiting Boston, New York, San Francisco, St. Louis, Toronto and more – seeking the latest developments in the field.

One encounter left a lasting mark:

"One person impressed me very much – that was James Anthony... He influenced me very much, and he became a kind of mentor for me."

"Later, his co-workers even asked him if I would be a spy from Germany!"

Leading IACAPAP: A Transformational Presidency

Together with Donald Cohen, Prof. Remschmidt is one of the few to have served a six-year presidency.

"There were many things that were of great importance... I would like to mention a few."

Some of the most enduring contributions from his tenure include:

- Developing the research seminars and establishing the Donald Cohen Fellowship Program, launched at the 2004 Berlin Congress.
"I'm very satisfied that I was able to implant these two initiatives... long-lasting and going on hopefully."

- Support for the WHO-IACAPAP Atlas Project with Myron Belfer.
- The IACAPAP Book Series, strengthening education and research.
- Founding the European Child & Adolescent Psychiatry Journal, along with Herman van Engeland, Philip Graham and others.
"This is a flourishing journal, and I'm very proud that it was so successful."

His initiatives continue to benefit child psychiatrists globally, including many who first encountered IACAPAP through the study groups he helped create.

Principles That Still Matter Today

Reflecting on the present and future, his advice remains clear:

"We have to stick very carefully to the individual patient... not look primarily only at scales, but see the patient in his personality."

He emphasized the need for evidence-based guidelines, integrated psychotherapy training, and global perspectives for all young professionals.
"Child psychiatrists have also to be psychotherapists... to integrate psychotherapy into their training."
"To have a worldwide perspective – this is very important."

He also stressed the importance of including child and adolescent psychiatry in medical curricula worldwide.
"This is important... the children are our capital."

A Vision for IACAPAP’s Future

As the interview closed, Prof. Remschmidt reflected on what he hopes will continue:

“The World Congresses can and should be a good forum for child psychiatrists... and our educational activities should go on.”

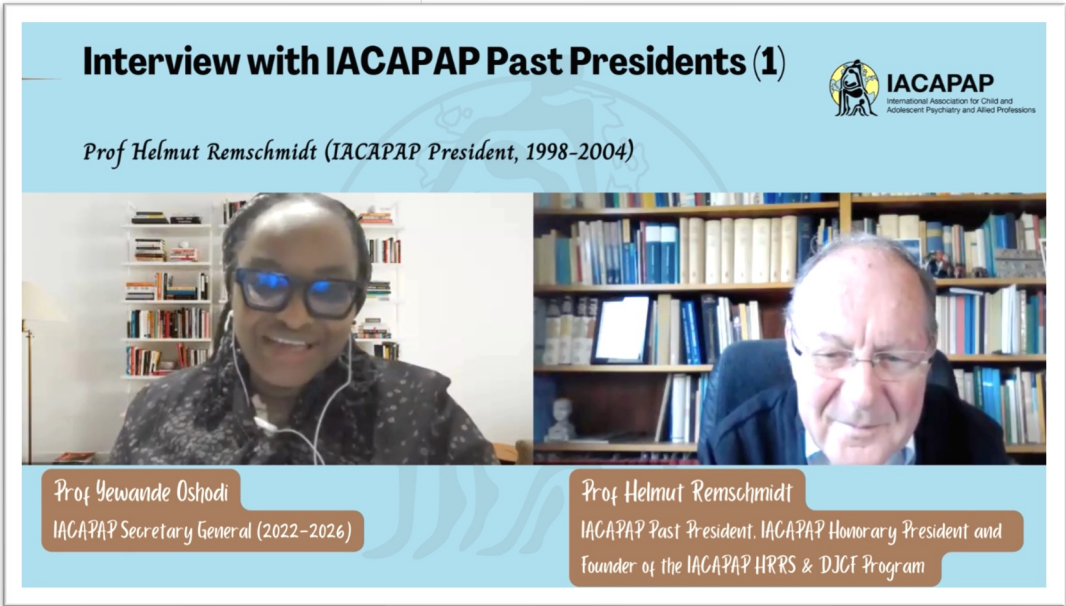
“That seems to me a good perspective.”

Watch the Full Interview

These excerpts capture only a glimpse of Prof. Remschmidt’s depth, humour, and historic contributions to global child and adolescent psychiatry. To experience the full conversation, watch the complete interview here:

👉 **Access the full interview here:**
<https://youtu.be/LaaWHnuFCWY>

Figure 2: Prof Yewande Oshodi in conversation with Prof Helmut Remschmidt



Tracing a Legacy: In Conversation with Professor Myron Belfer – A Witness to the Evolution of IACAPAP

By: Dr Lakshmi Sravanti, Deputy Bulletin Editor of IACAPAP, Assistant Professor in the Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS)

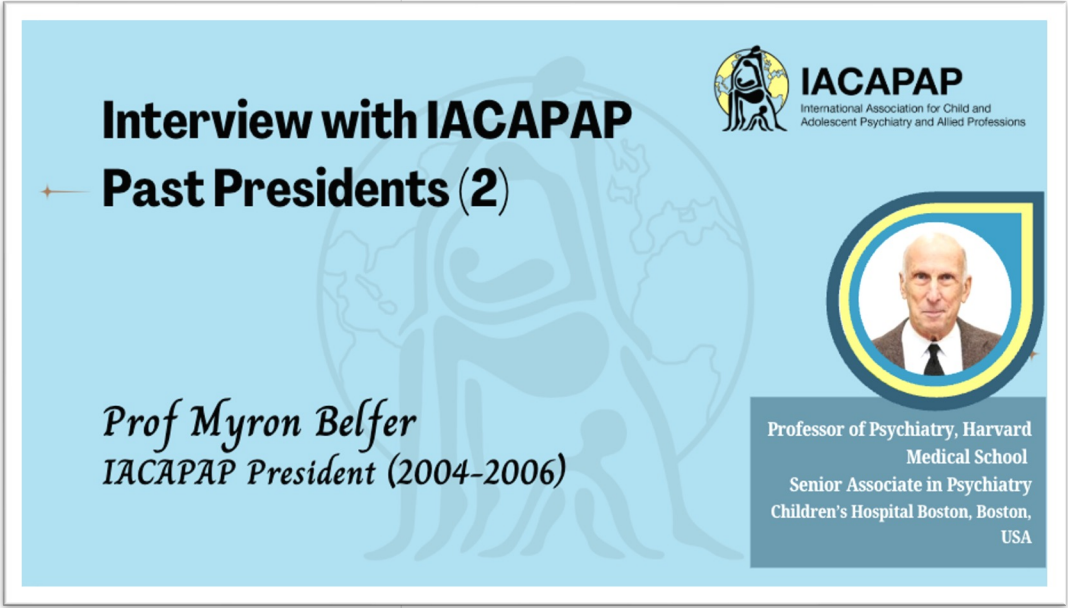
Professor Myron Belfer, child psychiatrist, global mental health advocate, and one of the most influential past presidents of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), joined Dr. Yewande Oshodi (Secretary-General, IACAPAP) for a reflective and warm conversation on his unconventional entry into psychiatry, his decades-long association with IACAPAP, the organisation’s early years, its transformation, and the lessons carried forward.

This interview offers a rare opportunity to hear directly from someone who has seen IACAPAP evolve – from a small, largely psychodynamic “club” of leading professors to the global educational and advocacy body it is today.

Below are selected excerpts from the discussion.

To watch the full interview, visit: <https://youtu.be/wizNQ9Lwzwg>

Figure 1:
Cover -
Interview with
IACAPAP Past
Presidents (2)



Beginnings and Early Influences

Prof. Belfer opens with characteristic candour – he had never planned to become a psychiatrist at all. He hoped to pursue research in *stress and neuroendocrinology*, yet limited opportunities in that era steered him toward psychiatry. Child psychiatry, however, had always been his true interest.

"I always wanted to be a child psychiatrist. I had an interest in stress-maternal-fetal interactions. Research got me into psychiatry."

His early fascination with maternal-fetal interactions and stress physiology became the foundation for a clinical and academic career that would later intersect with global mental health advocacy.

Joining IACAPAP in the 1970s: A Different Era

He recalls entering IACAPAP in the 1970s, a period that marked the beginning of his long association with the organisation. Prof. Belfer traces his association with IACAPAP back nearly five decades. A pivotal turning point came when William Ayres invited him to take on a leadership role:

"He knew me from the American Academy, where I was active, and asked if I wanted to be treasurer."

This began Belfer's long leadership trajectory within the organisation.

Presidency in the Early 2000s: A Pivotal Period

When asked about his term of office, he reflects with characteristic humility:

"I think it was in the early 2000s... 2003. But I had been involved in IACAPAP for many years before that."

By then, he had already been deeply embedded in the organization for decades, giving him an unmatched perspective on global changes in child mental health – from training capacity to geopolitical influences on children's wellbeing. His presidency coincided with a period of organisational expansion and strengthening of international collaborations.

Mentorship across Generations

The interview captures a profound sense of continuity, mentorship, and legacy. A particularly touching moment emerged when he said warmly:

"I know you from when you were a young person... so it's wonderful to see you as Secretary General."

The conversation itself became a symbol of IACAPAP's intergenerational legacy – senior mentors enabling younger leaders who now steward the next era.

A Continuing Commitment to Global Child Mental Health

During the conversation, Dr. Oshodi highlighted Prof. Belfer’s early financial contribution to IACAPAP’s growth, prompting him to reflect on the intention behind it.

Dr. Oshodi: *“You recently were gracious enough to support the IACAPAP with a seed grant...”*

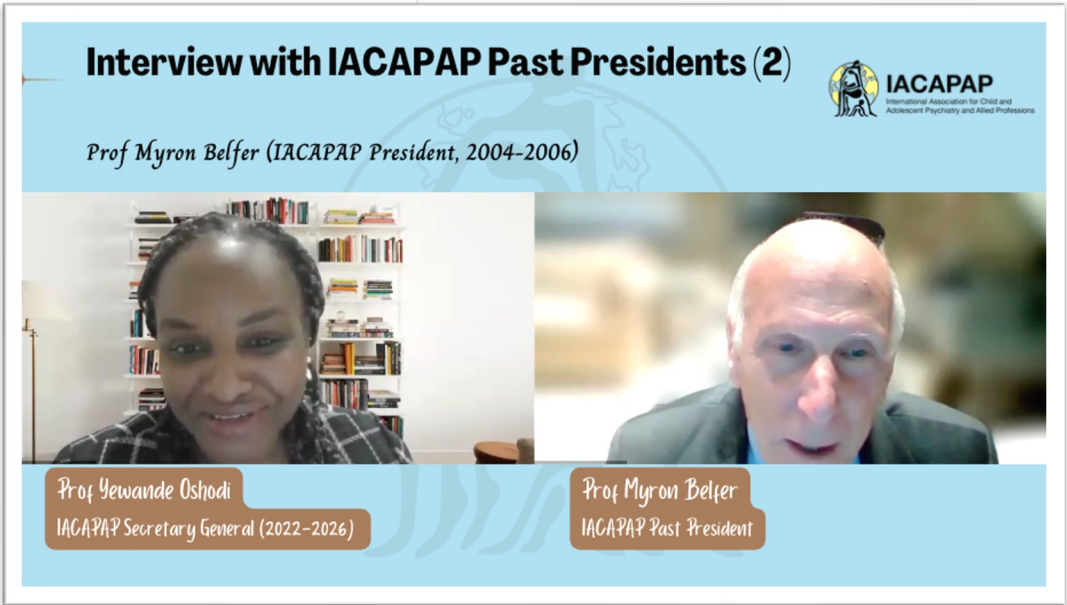
Prof. Belfer responded with characteristic modesty. The gesture, though understated by him, represented a meaningful act - demonstrating confidence in the organisation’s mission and helping catalyse new activities at a time when resources are limited. It reflects a broader pattern throughout his career: enabling opportunities, nurturing future leaders, and investing in structures to build global child and adolescent mental health capacity.

Watch the Full Interview

To enjoy the complete conversation filled with anecdotes, historical insights, and Prof. Belfer’s reflections on the future of global child mental health in an evolving global landscape, watch the complete interview here:

👉 **Access the full interview here:**
<https://youtu.be/wizNQ9Lwzww>

Figure 2: Prof Yewande Oshodi in conversation with Prof Myron Belfer



Breaking the Cycle: Leveling Up the Care for Eating Disorders in Malaysia

By: Dr Nazariah Aiza Harun¹, Dr Norley Shuib^{2,3}, Dr Fatimah Emran², Dr Ng Chai Nee²

¹Consultant Child & Adolescent Psychiatrist, Child & Adolescent Psychiatry Unit, Department of Psychiatry & Mental Health, Hospital Selayang, Lebuhraya Selayang-Kepong, 68100 Batu Caves, Selangor, Malaysia, ²Fellow in Child & Adolescent Psychiatry, Child & Adolescent Psychiatry Unit, Department of Psychiatry & Mental Health, Hospital Selayang, Lebuhraya Selayang-Kepong, 68100 Batu Caves, Selangor, Malaysia and ³Senior Medical Lecturer, Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA Sg. Buloh Campus, Jalan Hospital, 47000 Sg. Buloh, Selangor, Malaysia

Overview

Eating disorders (ED) is an emerging issue in Southeast Asia including Malaysia. To increase awareness about eating disorders, the Child & Adolescent Psychiatry Unit of Hospital Selayang embarked on a 2-part course on eating disorders in April 2025 and August 2025. The first part of the course was held physically at Institut Latihan Kementerian Kesihatan Malaysia (ILKKM) Sg. Buloh and attended by a myriad of health personnel from all levels.

The second part of the Breaking the Cycle course was held online and we had the pleasure of gaining knowledge from the esteemed Dr Lee Ee Lian, Senior Consultant Eating Disorder Psychiatrist, Mount Elizabeth Novena Specialist Centre, Singapore. Dr Lee is the founder and first Director of the Eating Disorders Programme at Singapore General

Hospital (SGH). She is also the first Clinical Director of the SGH Lifestyle Improvement Fitness Enhancement (LIFE) Centre.

Objective

The first course, "Breaking the Cycle: Evidence Based Care for Anorexia Nervosa in Children & Adolescents" was designed to provide evidence-based knowledge and practices for the care and management of anorexia nervosa among children and adolescents. It aims to educate healthcare professionals and caregivers on effective, research-supported approaches to treatment and support for young individuals dealing with anorexia nervosa. The program offered a unique learning experience through lectures, dialogues and sharing of lived experience from a parent. The highlight of the first course was the sharing session by a parent whose child

Figure 1: A lecture slot on Medical Complications & Management of Eating Disorders by Dr Hargeet Kaur, consultant adolescent paediatrician of Hospital Selayang during the Breaking the Cycle: Evidence Based Care for Anorexia Nervosa in Children & Adolescents course



was diagnosed with anorexia nervosa who provided valuable insight about the illness from his perspective as a parent. Currently his child is embarking on a new chapter of her life in college and in remission.

The objective of the “Breaking the Cycle 2.0: Unfolding & Understanding Other Eating Disorders in Children & Adolescents” course was to equip healthcare professionals with evidence-based clinical knowledge and practical strategies for diagnosing and managing various eating disorders in children and adolescents, beyond anorexia nervosa—specifically bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder (ARFID).

Finally, the broader objective of the courses was sharing of knowledge and encourage a holistic approach to the management of ED in Malaysia, fostering

a shift toward interventions that recognise and integrate family systems in the treatment of mental health problems.

Our team decided to organise these courses as we felt there is need for it. Furthermore, the Child & Adolescent Psychiatry Unit of Hospital Selayang is the only hospital in Malaysia that has a combined clinic treating eating disorders. We have been running this clinic since 2012 in collaboration with our adolescent paediatricians, dieticians, clinical psychologists, and counsellors. We hope we can continue this service and help more patients in their journey to recovery.

Future Directions

The Breaking the Cycle initiative has laid a strong foundation for improving the understanding and management of



Figure 2: Speakers & participants of the Breaking the Cycle: Evidence Based Care for Anorexia Nervosa in Children & Adolescents course

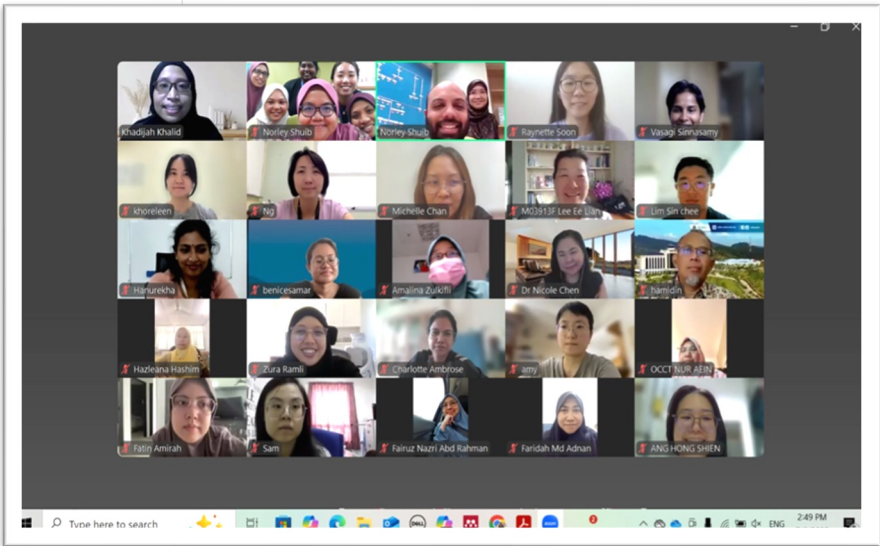


Figure 3: A screenshot of the speakers & participants of Breaking the Cycle 2.0: Unfolding & Understanding Other Eating Disorders in Children & Adolescents course

eating disorders among children and adolescents. Moving forward, sustained collaboration among healthcare professionals, researchers, policy makers, and the community will be vital to ensure early detection, effective intervention, and long-term recovery for affected individuals.

Both courses were jointly organised with the Persatuan Kebajikan & Pendidikan Psikiatri (PKPP) Hospital Selayang and the proceeds will further help our

patients and staffs. The courses were positively received by the audience and we hope to further organised such courses in the future.

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Noise Pollution and CAMH: Insights from Dhaka, Bangladesh

By: Sifat E Syed, Assistant Professor of Child Psychiatry at Bangladesh Medical University (BMU)

Dhaka, the vibrant heart of Bangladesh, is alive with sound. While this energy reflects the pace of a busy metropolis, this noise pollution is also a threat to public health. In 2022, the United Nations Environment Program (UNEP) report identified the ten noisiest cities worldwide and Dhaka was on top with a staggering noise level of 119 dB among 61 countries¹.

Unlike other pollutants, noise is often overlooked because it leaves no visible trace. But its effects accumulate quietly in the brain and body. Researchers and mental health professionals have raised growing concern that chronic noise exposure is not just an irritant – it is a significant environmental stressor, especially for children and adolescents whose minds are still developing².

The growing problem of urban noise

According to the Noise Pollution (Control) Rules 2006, Bangladesh, allowable noise level is 55 decibels (dB) in residential areas and 75 dB in industrial zones during the day. But recent research report says, all parts of

Dhaka exceeds the permissible limits³ posing significant health risks to the citizens.

Impact of noise on health

Noise pollution affect both human and wildlife health. Persistent noise can cause hearing loss, sleep disturbance and triggers the release of stress hormones thereby increasing the risk of hypertension, cardiac disease, and stroke⁴.

How noise affects the mental health of children

Excessive noise interferes with brain functions essential for learning, attention, and emotional control. Research from global and regional studies provides alarming insights.

Continuous background noise impairs cognitive functions, language and speech development in children specially speech perception, listening comprehension also reading, writing and memory⁵. Traffic noise during nighttime can cause sleep disturbance in children leading to fatigue,

irritability, and lack of concentration⁶. Anxiety, restlessness and irritability are common among children from noisy neighborhoods².

A neglected public health concern in Bangladesh

The World Health Organization (WHO) has identified environmental noise as the second largest environmental health risk in Europe after air pollution – a ranking that likely applies to South Asian megacities as well. Yet, in Bangladesh, noise is still often perceived as a “nuisance” rather than a public health issue.

In Dhaka, uninterrupted quiet time is becoming rare as many residential areas and schools are adjacent to highways, markets, or construction zones. This constant overstimulation may hinder children’s ability to focus and regulate emotions. Emerging studies from Dhaka are beginning to link environmental noise with health problems in adults such as deafness, insomnia, headache,

heartburn, high blood pressure, fatigue etc⁷. Pediatricians and child psychiatrists in Dhaka have noted that children living in traffic-heavy areas often report poor concentration, disturbed sleep, and emotional instability. However, no study in Bangladesh has specifically explored the effects of noise exposure on children’s psychological functions yet.

What can be done?

Reducing noise pollution requires both structural and behavioral change. Enforcing existing noise control laws and restriction of unnecessary honking, loudspeakers, and night-time construction can minimize the harmful effects. Encouraging “quiet time” or mindfulness activities can help students relax. Raising awareness in community about health impacts of noise can bring some changes.

Organizing campaigns, meetings and seminars involving stake holders are proved to be useful. Bangladesh Environmental Lawyer’s Association (BELA) has recently organized a panel discussion on 17 September, 2025 on ‘Actions to prevent noise pollution’ in Dhaka. Physicians, psychiatrists, students, representatives from the police force, vehicle owners association, urban planners, environmentalists took part in the robust discussion. Key points highlighted in the meeting included that despite existing laws, weak enforcement remains a major obstacle to effective control. Participants agreed that



Figure 1:Panel discussion on ‘Actions to prevent noise pollution’ in Dhaka organized by BELA (Bangladesh Environmental Lawyer’s Association)

preventing noise pollution requires more than laws alone – it demands effective enforcement, source control, and collective social awareness such as regulation of hydraulic horn use, designation of “silent zones”, training for drivers and transport workers.

As Bangladesh strides toward urban modernization, recognizing noise as a public health issue is crucial. A city that values quietness will nurture calmer minds, healthier families, and more attentive learners. The challenge ahead is not just to reduce the decibels, but to restore balance – creating environments where children and adolescents can think, sleep, and grow without the constant roar of a restless city.

.....

¹Aletta F. Frontiers 2022: Noise, Blazes and Mismatches-Emerging Issues of Environmental Concern.

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Global Perspectives on Youth Gender Distress: SEGM 2025 Conference Report

By: Anne Wæhre, MD, PhD¹, Florian Daniel Zepf, MD, FRANZCP², Martin Feichtinger, MD³, Mikael Scott Bjerkeli⁴ and Riittakerttu Kaltiala, MD, PhD, BSc⁵

¹Senior Consultant, Head, National Treatment Service for Gender Incongruence Children and Adolescents, Oslo University Hospital Norway, ²Professor/Chair & Clinical Director, Dept. of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Jena University Hospital, Jena, Germany & German Center for Mental Health (DZPG), Site Jena-Magdeburg-Halle, Jena, Germany, ³Child & Adolescent Psychiatrist in private practice, Erfurt, Germany, ⁴Executive Director, Harry Benjamin Resource Center, Oslo, Norway and ⁵Professor of Adolescent Psychiatry, Tampere University; Chief Psychiatrist, Department of Adolescent Psychiatry, Tampere University Hospital, Finland

This September 11-14, 2025, the Society for Evidence-Based Gender Medicine (SEGM) hosted a conference in Berlin on the theme of Youth Gender Distress: Evidence, Etiologies, Ethics, and Psychotherapeutic Practice. This conference brought together speakers and attendees from 24 countries, spanning the globe from Norway to Chile to Singapore to South Africa, and was opened by the President of the German Medical Association, Dr. Klaus Reinhardt.

The conference took place at a pivotal moment in the field of pediatric gender medicine, particularly as countries such as Finland, Sweden, and the United Kingdom have conducted systematic reviews of hormonal and surgical interventions for adolescents with gender dysphoria. These reviews found weak evidence for the expected benefits

to mental health, functioning and quality of life, along with accumulating evidence of significant risk of harm. As a result, these countries now take a more cautious approach to hormonal and surgical interventions, emphasizing comprehensive assessment and developmentally-informed psychotherapeutic approaches as first-line interventions. In other countries, it is unclear which way clinical practice in this area will evolve.

The conference provided a rare forum for researchers and clinicians to grapple with the unanswered questions that sit at the heart of pediatric gender medicine. We still do not know the natural history of gender dysphoria in youth; nor how to determine which young people may benefit from transition and which may be harmed; nor the long-term outcomes for those who undergo hormonal and

surgical interventions; nor whether young people whose self-understandings are still developing can consent to interventions that may profoundly alter their bodies, sexual function, fertility, and life trajectories before they fully grasp the lifelong implications of these interventions.

In his opening remarks, SEGM President Roberto D'Angelo clarified the organization's mission, stating that "[w]hen it comes to children and young people, our approach is both compassionate and cautious. We take their experiences of gender distress seriously, acknowledging the profound suffering many endure."

"At the same time, we recognize their developmental stage—their still-evolving capacities for critical thinking, self-reflection, and decision-making in the context of complex social and cultural influences. Our mission is to ensure that the care provided to young people respects their humanity, supports their unique developmental journey, and minimizes the risk of irreversible harm. We reject the false narrative that questioning medical interventions equates to denying identities or causing harm. On the contrary, our commitment to evidence is about safeguarding the health and futures of those who are still growing into themselves."

On the first day, speakers provided an overview of the evolution of pediatric gender medicine over time, starting with

its origins at the VUMC in Amsterdam, the Netherlands, where clinicians—who were concerned that their adult transsexual patients continued to struggle post-transition—hoped that intervening earlier would produce better long-term outcomes. This model, which proceeds from puberty suppression in early adolescence to cross-sex hormones and surgeries, became known as the 'Dutch protocol' and was rapidly disseminated around the world on thin evidence of the claimed mental health and quality of life benefits. Speakers then presented systematic reviews of the evidence for social transition, binding and tucking, puberty suppression, the administration of cross-sex hormones, and surgical interventions, as well as presenting new research on detransition and desistance (when young people decide to discontinue or reverse transition) and discussing opportunities for future research. The first day concluded with remarks from Maja Radobuljac, who spoke on behalf of the European Society for Child and Adolescent Psychiatry's (ESCAP) Policy division, and a panel discussion among senior clinicians who reflected on how the field has changed over time.

On the second day, the focus shifted from the evidence underlying pediatric gender transition to etiologies of gender dysphoria. This included an in-depth exploration of identity development in adolescence, autism spectrum disorders, the role of online communities in shaping youth expectations and intentions for transition, as well as the interplay between gender identity

development and sexual development, with a particular focus on young people who may otherwise grow up to be same-sex attracted coming to understand themselves in the framework of a transgender identity instead.

The third day opened with a panel conversation about the ways activist pressure has suppressed scientific inquiry, research, and reporting within this contested field. The day then shifted to ethical considerations in pediatric gender medicine, including a discussion of the role of assessment, adolescent decision-making capacity, a debate over what supporting autonomy of the affected young person means when these people are still in a process of development, and an examination of the ways ethical justifications for the provision of gender-affirming interventions have shifted over time as the absence of evidence of benefit became clear. Dr. Kathleen Stock closed the day with a keynote address on what she termed the “strong informed consent model,” which takes patient values and preferences as paramount and upends the traditional charge of medicine: to do no harm, and to improve the health and wellbeing of patients.

The fourth and final day, focused on psychotherapeutic approaches to youth gender distress. Speakers provided developmentally-informed approaches to helping young people and their families navigate gender issues. The scientific programme concluded with a debate on competing diagnostic

frameworks to interpret and approach gender-related distress in childhood and adolescence.

The ethical practice of medicine necessitates open dialogue and constructive disagreement. This area of medicine—which concerns a particularly vulnerable group of young people—has suffered from the lack of such dialogue. In the weeks leading up to the conference, activists in Berlin organized to disrupt the proceedings, vowing to “stress” the conference and singling out speakers for targeted harassment. At the end, the attempt of activists to shut down the conference only underscores the need for forums like the ones the Society for Evidence-Based Gender Medicine provides—spaces where evidence can be scrutinized, diverse perspectives considered, and solutions proposed and pursued.

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Building Bridges Across Borders at AACAP 2025

By: Jill Zeigenfus Brafford, CMP, MTA, Chief of Learning and Strategic Initiatives, American Academy of Child & Adolescent Psychiatry

The American Academy of Child and Adolescent Psychiatry’s (AACAP) 2025 Annual Meeting in Chicago represented a resounding success. Attendees participated in-person and virtually from over 60 countries, reinforcing AACAP’s commitment to global child and adolescent mental health. The International Section’s programming showcased over 200 international speakers, both established and emerging leaders across borders. The celebration of our international awards, honoring young scholars and seasoned innovators alike, highlighted the

outstanding contributions to our specialty worldwide.

The international track of education was especially well received, highlighted by a packed meeting of AACAP’s Global Mental Health and International Relations Committee that reflected the strong interest in international collaboration and learning.

Energy and enthusiasm filled every international session. Attendees shared insights, research, and innovative practices that deepened understanding



Figure 1: Participants from AACAP’s Global Mental Health and International Relations Committee



Figure 2: (from left to right) Saul Stepensky Tiktin, MD, Sergio Muñoz-Fernandez, MD, and Oscar Sánchez-Guerrero, MD, child and adolescent psychiatrists from Mexico, were awarded the AACAP Assembly Catchers in the Rye Award to an Individual

Figure 3: (from left to right) Muhammad Waqar Azeem, MD, Co-Chair of AACAP's Global Mental Health and International Relations Committee, André Luiz S. da Rosa, MD, MSc, PhD and Lakshmi Sravanti Tanuku, MD, AACAP Paramjit Toor Joshi, MD, International Scholars Awardees, Tami D. Benton, MD, AACAP President, Nazish Imran, MBBS, MRCPsych, FRCPsych, MHPE, PhD, AACAP Ülkü Ülgür, MD, International Scholar Awardee, Heidi Fordi, AACAP Executive Director and CEO, and Paramjit Toor Joshi, MD, AACAP Past President



Figure 4: A Diwali Celebration, hosted by Local Arrangements Chair, Sudhakar Shenoy, MD

and built meaningful global connections. By featuring diverse perspectives and showcasing important work from across the world, the 2025 Annual Meeting reaffirmed AACAP's role as a global leader committed to improving the mental health and well-being of children and adolescents everywhere.

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From Frameworks to Practice: Key Insights on Childhood Trauma from the First International Conference on Psychosocial Support and Mental Health in Disaster Management

By: Gulnar Mishra, Manushi Thakur, Dr. Dinakaran D., Dr. Subhasis Bhadra, Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neuro Sciences (NIMHANS), India

The first International Conference on Psychosocial Support and Mental Health Services in Disaster Management, organized by the Department of Psychosocial Support in Disaster Management, National Institute of Mental Health and Neurosciences (NIMHANS), took place from 10th October to 12th October 2025 and saw widespread participation. The theme of the conference was "Beyond the Rubble: Building Resilience through Psychosocial Support."

On 11th October, among the many invigorating sessions, a symposium titled "Understanding and Addressing Childhood Trauma: From Frameworks to Practice" was chaired by Dr K. John Vijay Sagar, Professor & Head of the Department of Child & Adolescent Psychiatry. The symposium featured three talks by:

- Dr Anamika Sahu, Assistant Professor of Clinical Psychology - "Conceptualisation of Trauma in Children."



Figure 1: The three-day conference saw immense participation

- Dr Thomas M Kishore, Professor of Clinical Psychology - "Scope and Need for Assessment."
- Dr Roopesh BN, Additional Professor of Clinical Psychology - "Trauma intervention for Children - Practical Approaches."



Figure 2: The Speakers and the Chair of the Symposium

The following report summarizes the key insights and exchange of information from this session.

Childhood Trauma in India: Bridging Neuroscience and Contextual Realities

Childhood trauma is a profound and pervasive challenge that affects countless children across India. According to the National Crimes Records Bureau, a child is sexually abused approximately every fifteen minutes - a figure that reflects only a fraction of the reality, given the likelihood of underreporting. Trauma does not affect all children equally. Those raised in poverty, in adverse

socio-economic environments, or within unstable family contexts face heightened vulnerability. Yet trauma is not limited to sexual abuse; it encompasses neglect, exposure to domestic or community violence, disasters, loss, and chronic adversity. Its impact is deeply shaped by the child's age, developmental stage, and the presence or absence of supportive systems.

Trauma's effects are varied and complex. In young children, the most visible signs often involve core regulatory and attachment difficulties. Infants and toddlers may struggle to bond with caregivers, exhibit excessive separation anxiety, or experience persistent disturbances in eating and sleeping. Their distress may manifest as irritability, clinginess, or withdrawal, which can be misinterpreted as behavioral problems rather than signals of trauma. As children grow into the school years, their responses shift. School-age children may externalize their distress through aggression, defiance, or hyperactivity, or they may withdraw socially and avoid interactions. Nightmares, school refusal, frequent re-enactments of traumatic events, and difficulties with concentration are common, alongside internal experiences of anxiety, guilt, or depression. Adolescents, navigating the challenging terrain of identity and autonomy, often present with even more complex reactions. Flashbacks and intrusive thoughts may dominate, while risk-taking, self-harm, or substance use can become coping mechanisms. Intense anger, shame, or persistent suicidal ideation are also frequent, reflecting the



Figure 3: A peek into the participant engagement.

profound psychological imprint of unresolved trauma.

The repercussions of childhood trauma extend far into adulthood. Adults who experienced childhood trauma often display insecure attachment patterns, which complicate their ability to form trusting, intimate relationships. Memory difficulties, including intrusive recollections or memory flooding, can interfere with professional functioning and daily life. Re-victimization is also a recognized risk; some adults unconsciously find themselves in situations that echo earlier traumatic experiences. Even when disclosure is difficult or impossible, trauma leaves clear traces on behavior, emotional responses, and interpersonal functioning. Across all life stages, chronic trauma exposure increases the likelihood of anxiety, depression, post-traumatic stress disorder, and enduring difficulties in forming healthy relationships.

Neurobiological research sheds light on why these effects can be so profound. Exposure to early adversity can alter brain development, including reductions

in hippocampal volume, less efficient prefrontal cortex processing, and hyperactivity in the amygdala, which regulates fear and emotion. These changes compromise executive functions, emotional regulation, and the capacity to respond adaptively to stress. Epigenetic mechanisms may further modify gene expression, predisposing individuals to psychiatric and physical health conditions and influencing attachment and relational capacities.

Studies in India underscore the magnitude of the challenge. Research at tertiary care centers shows that children who have experienced abuse frequently present with a combination of internalizing and externalizing disorders. Anxiety disorders affect nearly 38% of these children, depressive disorders around 28%, while dissociative disorders and disruptive behaviors are also commonly observed. Emotional maltreatment is widespread; surveys indicate that approximately 80% of children report experiencing at least one form of emotional abuse in their lifetime. Trauma manifests not only as psychological symptoms but also as disruptions in concentration, academic performance, sleep, appetite, and social functioning. Children in institutional care or child care homes often show altered behavior and impaired functioning across cognitive, emotional, and social domains.

Understanding trauma requires a holistic lens. Its impact is not confined to individual psychopathology; trauma interacts with social, familial, and

environmental factors. Children exposed to trauma develop adaptations that reflect heightened perceptual threat sensitivity, emotional reactivity, attention biases, and poor regulation of emotions. While these responses may have been adaptive in dangerous environments, they often interfere with functioning in safer contexts, contributing to internalizing and externalizing disorders. Conversely, social support, particularly from caregivers, serves as a powerful protective factor, buffering the negative effects of traumatic exposure. Effective interventions, therefore, must go beyond the child alone to consider family dynamics, community context, and broader societal structures.

A Call for Trauma-Informed Management

Trauma-informed care emphasizes careful and nuanced assessment. Clinicians are encouraged to document the nature, frequency, complexity, and duration of traumatic experiences, as well as the child’s psychiatric symptoms, triggers, coping mechanisms, and

resilience factors. Assessment should consider the developmental stage, cultural context, family responses, and the broader environment, recognizing that trauma’s impact is shaped by social and relational dynamics. The **“4 Rs” framework**: Realize, Recognize, Respond, and prevent Re-traumatization – provides guiding principles for evaluation, ensuring that children are approached with sensitivity, safety, and competence. Multi-method and multi-source assessments help identify both vulnerabilities and strengths, laying the foundation for targeted, individualized intervention.

Therapeutic intervention unfolds across multiple phases, each building on the previous. The first step is establishing a safe, supportive, and trusting relationship with the child. Trauma often erodes the child’s capacity to trust, particularly when caregivers or other adults have failed to protect them. Active listening, validation, empathy, and creating a consistent, safe space are essential in this stage. Once rapport is established, therapeutic work can



Figure 4: A huge participation was witnessed in the three-day conference.



Figure 5: Department of Psychosocial Support in Disaster Management - The Organising Committee

progress to gently exploring the trauma and its effects. This phase focuses on the child's subjective experience, including emotional, cognitive, behavioral, and relational dimensions. Feelings may be contradictory, particularly when the perpetrator was also a caregiver. Recognizing and validating mixed emotions is crucial. Behaviors such as withdrawal, self-harm, or risk-taking often reflect attempts to regain control or manage distress, not misbehavior. The therapeutic approach must also involve caregivers, equipping them to respond supportively, avoid reinforcing shame, and rebuild the child's sense of safety.

The next phase emphasizes stabilization, safety, and the integration of traumatic memories. Practical strategies—such as grounding techniques, relaxation exercises, and structured routines—help children regain a sense of control and predictability. Creative modalities,

including play, art, and movement, enable children to process and express trauma non-verbally. Evidence-based approaches, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), and structured school- or group-based interventions, guide reintegration of fragmented experiences, allowing children to shift from "it's happening" to "it happened." Therapy in this phase encourages reflection, decision-making, and a gradual rebuilding of confidence and autonomy.

Finally, therapy focuses on future orientation and empowerment. The goal is to move children from a sense of victimhood to survivorship, enhancing self-esteem, emotional regulation, and resilience. Education on safety, boundaries, and healthy relationships provides children with practical tools to navigate the world confidently.

Encouraging engagement with supportive peers, family, and community helps consolidate recovery and fosters long-term resilience. Throughout this process, trauma-informed practice emphasizes developmentally appropriate, culturally sensitive, and empathetic care. Interventions must always respect the child’s pace, avoid retraumatization, and leverage existing strengths. Beyond individual therapy, addressing childhood trauma requires attention to socio-economic factors, disaster-related risks, and systemic inequities that compound adversity. Recovery is not simply clinical. It is relational, environmental, and societal.

Concluding remarks

Childhood trauma leaves an enduring mark, shaping relationships, behavior,

cognition, and emotional life. But with trauma-informed assessment, evidence-based therapy, caregiver support, and community engagement, children can move toward healing. By recognizing the pervasive effects of trauma, integrating multi-level interventions, and empowering children through empathy, structure, and safety, we can help transform trauma into resilience, enabling children not only to survive but to thrive.

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**SUBMIT AN ARTICLE TO
THE IACAPAP
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For more information, please contact:

Hesham Hamoda
(hesham.hamoda@childrens.harvard.edu)

Lakshmi Sravanti (drsravanti@yahoo.com)

Rajesh K. Mehta (rmeht2033@gmail.com)



IACAPAP
International Association for Child and
Adolescent Psychiatry and Allied Professions

The XXV RSCANP Congress and the 47th National Conference on Neurology, Psychiatry and Associated Professions for Children and Adolescents – Braşov, 2025 - Innovation, research and interdisciplinary collaboration in child and adolescent neuro-psychiatry

By: Adriana Cojocaru, Assist. Prof. Dr. MDPHD, "Victor Babeş" University of Medicine and Pharmacy Timisoara, President of Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP)

The Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP) organized, between September 24-27, 2025, in Braşov, Romania, the XXV RSCANP Congress and the 47th National Conference on Neurology, Psychiatry and Associated Professions for Children and Adolescents. The event brought together specialists in pediatric neurology, pediatric psychiatry, genetics, physical therapy, neurosurgery, psychology and related professions, creating an academic framework of excellence and interdisciplinary dialogue on the mental and neurological health of children and adolescents. This scientific event was attended by renowned lecturers from Romania and 6 other countries.

Objectives of the Congress

The main objectives of the congress were to present the latest scientific studies, discoveries and case studies, to encourage multidisciplinary dialogue

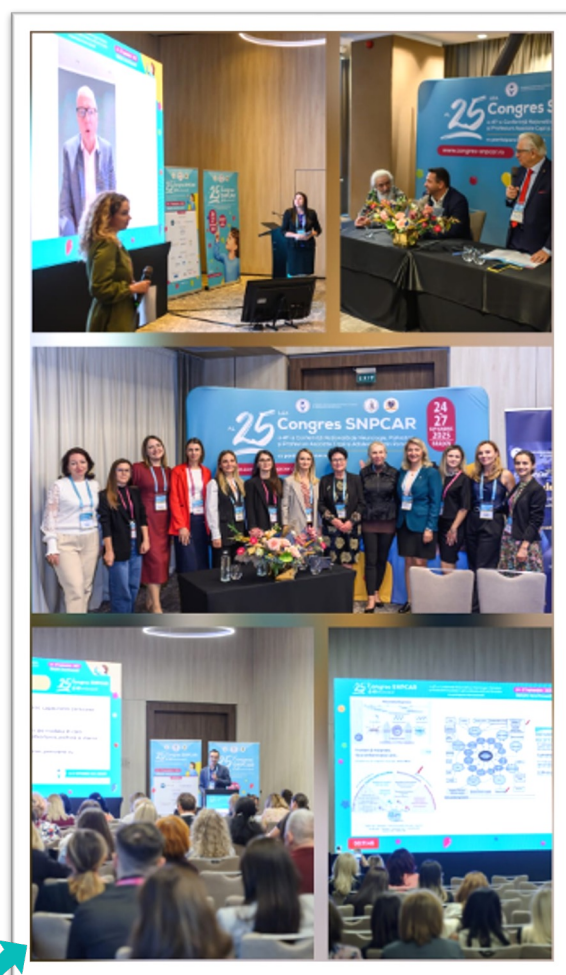


Figure 1: Images from the RSCANP 2025 Congress, illustrating its multidisciplinary nature through contributions from specialists in neurology, psychiatry, neurosurgery, physiotherapy, and psychology.

and exchange of experience, to facilitate continuous professional training and to develop collaboration between specialties to improve the care of pediatric patients with neurological and psychiatric conditions.

SNPCAR Pre-Congress Course - September 24, 2025

The event started with a day dedicated to training and professional updating, within the SNPCAR Pre-Congress Course. Participants benefited from a focused perspective on novelties in pediatric neurology and child and adolescent psychiatry, with a focus on practical interventions and immediate clinical applicability.

- News in child epilepsy – presentations on the latest international guidelines, epilepsy genetics and personalized therapies.
- The contribution and importance of EEG in pediatric neurological pathology – session dedicated to the interpretation of EEG pathways and clinical applicability.
- Hypnosis: techniques, applicability and therapeutic perspectives – valuing clinical hypnosis as a scientifically validated therapeutic tool.

SNPCAR Congress - September 25-27, 2025

The SNPCAR 2025 Congress brought to the fore major themes that reflect the current directions of research and clinical practice in the field of pediatric neurology and psychiatry.



Figure 2: Scientific presentations highlighting the close relationship between genetics, neurology, and psychiatry, as well as the importance of integrating psychotherapeutic interventions.

Neurology and Recovery Session - Children and Adolescents

- Rare neurological diseases – interdisciplinary approach to early diagnosis and modern therapies, including advances in genetics, innovative therapies for muscular dystrophies, spinal atrophy, neurometabolic diseases and rare genetic syndromes.



Figure 3: Some of the participants at the RSCANP 2025 Congress, representing all around the world.

- Physical therapy and modern recovery techniques – emphasis on recuperative therapies and smart motor rehabilitation technologies, improving quality of life through high standards of care.

Psychiatry, Psychology and Psychotherapy Session - Children and Adolescents

- Affective disorders – evaluation, diagnosis and therapeutic intervention. The discussions focused on treatment-resistant depression,

bipolar disorders, new pharmacological and psychotherapeutic directions, as well as the relationship between early trauma, resilience and affective disorders.

- Emotional, physical and sexual abuse – presentations focused on the psychological and emotional impact of trauma, mechanisms for the protection of minors and the role of specialists through a multidisciplinary approach in the emotional rehabilitation of victims and the transition to adulthood.

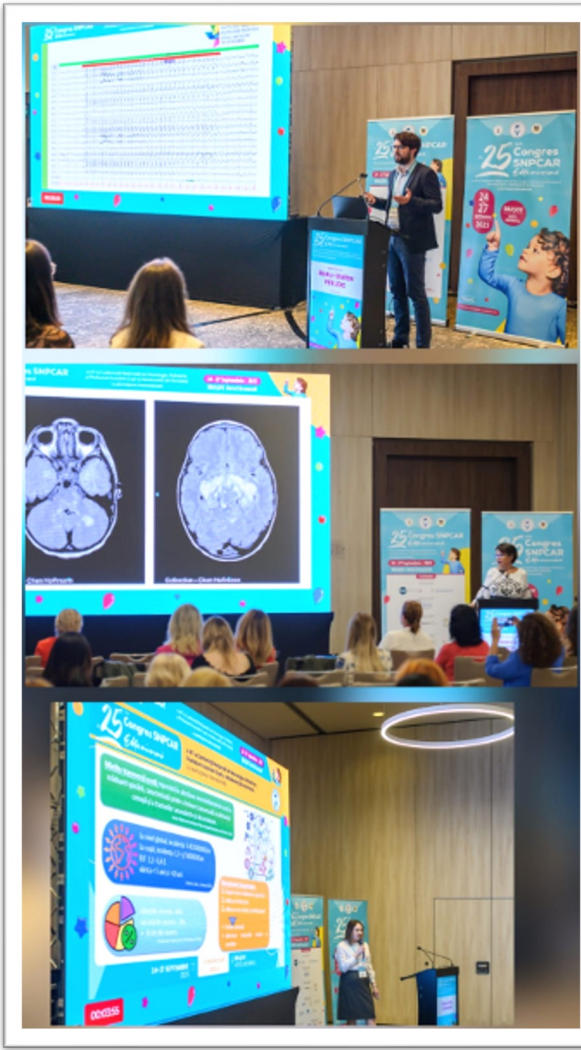


Figure 4: Presentations at the RSCANP 2025 Congress addressing electroencephalography, brain imaging, and conceptual models of neuropsychiatric disorders.

35 years of SNPCAR activity

The 2025 congress also had an anniversary dimension, marking 35 years since the establishment of SNPCAR. The medical community celebrated the significant advances made in specialist

training, interdisciplinary research and care for children with special neuro-psychiatric needs.

Conclusions

The XXV SNPCAR Congress and the 47th National Conference demonstrated the commitment of the Romanian medical community to excellence, through education, research and interdisciplinary collaboration. The event highlighted how national societies can progress by integrating new research, clinical practice and multidisciplinary services.

Preview - The XXVI RSCANP Congress and the 48th National Conference on Neurology, Psychiatry and Associated Professions for Children and Adolescents - Cluj-Napoca, September 23-26, 2026

For 2026, SNPCAR continues the tradition of scientific excellence, proposing the following central themes:

SNPCAR 2026 Pre-Congress Course

Neurology and Recovery Session - Children and Adolescents:

- Movement disorders of the central nervous system.
- Recovery techniques in neuromuscular pathology.
- Psychiatry, Psychology Session - Children and Adolescents:

- Sleep disorders.
- Multidisciplinary approach to addictions.

SNPCAR Congress 2026

Neurology and Recovery Session - Children and Adolescents:

- Genetic and inflammatory diseases of the central nervous system.
- Pharmacotherapy in epilepsy.
- Artificial intelligence in neurological diseases.
- Psychiatry, Psychology Session - Children and Adolescents:
- ADHD and comorbidities.
- Scientifically validated psychopharmacological and psychotherapeutic interventions.

- Gender identity disorders.

The Romanian Society of Child and Adolescent Neurology and Psychiatry (RSCANP) invites you to the next edition of its annual congress, an event dedicated to innovation, research and interdisciplinary collaboration in pediatric neurology and psychiatry.

This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP's bureau or executive committee.

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



Join the Canadian Academy of Child and Adolescent Psychiatry for our 45th Annual Conference in St. John's, Newfoundland, from June 6-9, 2026!

By: Laura James, CACAP Communications and Development Manager

The 45th Annual Conference of the Canadian Academy of Child and Adolescent Psychiatry (CACAP) is more than just a national meeting; it's a call to action. This year's theme is *"It Takes a Village: Canadian Collaborations in Child and Youth Psychiatry Care and Research,"* and will spotlight the power of connection, shared expertise, and collective innovation in addressing the growing mental health challenges faced by children and youth across Canada.

Hosted in the vibrant and welcoming city of St. John's, Newfoundland, the conference brings together a multidisciplinary community of over 250 psychiatrists, family physicians, pediatricians, psychologists, nurses, educators, and other mental health professionals, all united by a common purpose: improving the lives and futures of young people.

Over three days, participants will engage in a rich program of keynote presentations, symposia, workshops, and networking sessions led by leading experts in the field. Topics will explore innovative research, clinical practice, system-level collaboration, and culturally informed approaches to care. Whether you are a clinician, researcher

policy maker, or advocate, this conference offers an unparalleled opportunity to exchange ideas, gain new insights, and strengthen partnerships that drive real-world impact.

As Canada faces an unprecedented youth mental health crisis, the need for collaboration has never been greater. The CACAP Annual Conference provides a platform for shared learning and coordinated action where knowledge meets compassion, and where solutions are built together.

Join us in St. John's, or connect online, to be part of this national movement advancing child and adolescent mental health. Together, we can build stronger systems, healthier communities, and brighter futures for Canada's young people.

Watch our website for exciting updates on our speaker lineup and early bird registration coming soon: <https://cacap-acpea.org/conference-and-education/our-conference>

This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP's bureau or executive committee.

The International Association for Child and Adolescent Psychiatry and Allied Professions is pleased to announce the Call for Nomination for the **International Contribution Award 2026**.

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

Middle-Income countries. The individual should have wide recognition in the Low or Middle-Income countries and interact with decision-makers at the country or regional level. The awardee does not have to come from a Low and Middle-Income country or region as long as she or he made a recognisable contribution to child mental health development in these settings. This award is not only for child and adolescent psychiatrists but also for allied professionals.

For more information, please visit <https://www.iacapap.org/events/international-contribution-award-2026.html>



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International Association for Child and Adolescent Psychiatry and Allied Professions

**International
Contribution
Award
2026**

OPEN: 15 DECEMBER 2025
CLOSE: 15 MARCH 2026

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**Open for
Nomination**

CAPMH Corner

By: Lakshmi Sravanti, India
Deputy Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the December 2025 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH – BRAVA: A randomized controlled trial of a brief group intervention for youth with suicidal ideation and their caregivers (Kennedy et al., 2025), Investigating the effects of a novel gamified cognitive training on adolescent mental health (Grunewald et al., 2025), and Exploring the role of resilience in selective prevention intervention for adolescents at risk of depression and anxiety in Nepal: findings from a pilot cluster randomized controlled trial (Singh et al., 2025).

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BRAVA: A randomized controlled trial of a brief group intervention for youth with suicidal ideation and their caregivers

Research | [Open access](#) | Published: 16 July 2025
Volume 19, article number 78, (2025) [Cite this article](#)

Kennedy et al., (2025) discuss various interventions for adolescent suicidal behavior and introduce Building Resilience and Attachment in Vulnerable Adolescents (BRAVA) as a manualized, brief group treatment that incorporates elements of established evidence-based interventions (Hughes et al., 2023). BRAVA involves six weekly youth and caregiver groups focused on family connection to decrease suicidal behavior and increase family cohesion for youth with mild-to-moderate suicidal ideation (SI).

The team conducts a randomized controlled trial (RCT) to assess the efficacy of BRAVA for adolescents with mild-to-moderate SI and their caregivers in reducing adolescent SI compared to Enhanced Treatment as Usual (ETU). They recruit families of adolescents aged 13–17.5 years with mild-to-moderate SI from a pediatric hospital and community-based mental health services in Ontario, Canada, between April 2021 and April 2023, and randomize eligible participants in REDCap using a 1:1 allocation ratio in parallel groups. An independent

Statistician generates a computer-based allocation table with randomly alternating block sizes of 4 and 6. Allocation remains concealed during eligibility screening, and study staff learn the final group assignment only after randomization. Blinding is not possible for staff or participants because intake occurs before randomization. To ensure adherence to the treatment manual, fidelity checklists are used and all intervention sessions are audio-recorded. The first 36 groups receive full fidelity coding by an independent, trained research assistant, showing 98.6% correspondence with the manual. For the remainder of the trial, 25% of sessions (38/152 groups) are randomly selected for fidelity coding, with reliability maintained at 97.8% (range 75-100%). The ETU control group receives weekly text messages and may participate in the BRAVA intervention after completing the exit assessment.

They conduct an intake assessment, collect demographic data and mental health service history, and administer the following scales: 15-item version of SIQ-JR, Adolescent Anxiety and Avoidant Attachment Inventory - Long Form Parent Report of Youth (AAAAI), Family Assessment Device (FAD), Revised Child Anxiety and Depression Scale (RCADS), Perceived Stress Scale (PSS), Perceived Group Cohesion (PGC), and BRAVA Satisfaction (qualitative feedback on overall experience with BRAVA). They perform an intention-to-treat (ITT) analysis and use Multiple Imputation by Chained Equations (MICE) to impute outcomes with missing data at follow-up

visits. Estimated marginal means for the two groups are obtained using ANCOVA, and homogeneity of variances is assessed using Levene's test.

Of the 278 families referred, the team enrolls 113 (40.6%), complete intake assessments, and identify 14 as ineligible. They randomize 99 families to BRAVA ($n = 50$) or Control ($n = 49$). They retain 74% of BRAVA and 79.6% of Control participants at exit, and 29.7% of BRAVA participants who complete the exit assessment also complete the 3-month follow-up. The sample averages 14.6 years, is 64% female, and 44% of European racial heritage. They conduct ITT analyses - both groups show reductions in suicidal ideation (SI) from intake to exit, with no significant group differences at exit. In sensitivity analyses without imputation, we detect a significant difference favoring BRAVA at exit, with these improvements maintained at 3-month follow-up. BRAVA participants also report significantly lower perceived stress, depression, and anxiety at post-treatment compared to controls. They report that caregiver outcomes do not differ significantly between groups, although a trend toward reduced caregiver stress is observed in BRAVA. Post-intervention SIQ-JR scores do not differ significantly between BRAVA ($EMM = 40.7$) and Control ($EMM = 47.0$; $t(96) = -1.146$, $p = 0.261$, $\eta^2 = 0.034$). Across the study, 14 youth present to the ED for psychiatric concerns (BRAVA = 6; Control = 8), with no significant difference in proportions. However, the Control group records significantly more ED visits during the

pre-post period (BRAVA = 7; Control = 17, $p = 0.02$) and during the 3-month follow-up (BRAVA = 6; Control = 14, $p = 0.04$). At exit, adolescents and caregivers consistently report positive experiences with BRAVA, describing it as beneficial and highlighting skill gains such as identifying thinking traps and using validation skills.

The authors note that high satisfaction and strong group cohesion suggest caregivers benefit from BRAVA despite no significant effects on attachment, family functioning, or perceived stress. They acknowledge several limitations: limited generalizability, especially to youth with more acute mental health concerns and SI; potential courtesy bias in qualitative findings; absence of 3-month follow-up data for the ETU group and high BRAVA attrition; the decision

not to blind assessors or collect 3-month data from controls for ethical and safety reasons; uncertainties about replicating effects with less-experienced clinicians despite the mitigating value of the co-facilitator model and manualized approach; and the fact that although SI improves for BRAVA participants, 59.5% remain in the clinical range, suggesting BRAVA may be best suited to a stepped-care model where some adolescents require additional individualized treatment. They recommend future research assessing longer-term outcomes and examining the added value of BRAVA features such as rolling entry and separate youth-caregiver groups. They also propose evaluating the feasibility of implementing BRAVA in diverse populations and settings.



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Investigating the effects of a novel gamified cognitive training on adolescent mental health

Research | [Open access](#) | Published: 03 July 2025

Volume 19, article number 72, (2025) [Cite this article](#)

Grunewald et al. (2025) underscore adolescence as a critical period for mental health vulnerability and highlight the potential of app-based or gamified cognitive training. They note that 90% of Australian adolescents play digital games regularly, averaging about 98 minutes per day and suggest that gamification can provide ecologically valid content that reflects adolescents' real-world environments and experiences. They conduct a study to evaluate the effectiveness of a novel gamified app-based affective control training program - the Social Brain Train (SBT), and to examine whether gamification improves training uptake and outcomes. SBT includes three components: (1) a gamified affective dual n-back task that awards points for performance, (2) a cognitive interpretation bias modification (CBM-I) task in which participants resolve ambiguous social 'puzzles' positively, and (3) a psychoeducation component featuring unlockable badges and brief facts about mental health and the brain. They compare SBT with a non-gamified affective control training (AffeCT) in

adolescents aged 13-16 years. They plan for a moderated effect size and recruit 253 participants, excluding 96 for likely fraudulent responses. Eligible adolescents who complete baseline measures are randomized to SBT ($n = 77$) or AffeCT ($n = 67$) using computer-generated, age-stratified block randomization with mixed block sizes.

The authors use a brief questionnaire to collect demographic information. They assess adolescents using the Generalized Anxiety Disorder-7 Scale (GAD-7), Patient Health Questionnaire-Adolescent (PHQ-A), a modified Child Anxiety Life Interference Scale (CALIS), the reappraisal subscale of the Emotion Regulation Questionnaire-Child and Adolescent version (ERQ-CA), the Repetitive Thinking Questionnaire (RTQ-10), the Online and Offline Social Sensitivity Scale (O2S3), and the Health and Social Risk Questionnaire (HSRQ). Interpretation bias is measured at baseline and post-training using the Scrambled Sentences Task (SST) and affective control using 2-back task. They administer 12 self-paced training

sessions of either SBT or AffeCT over 15 days, sending reminders twice daily at 8 a.m. and 5 p.m. They analyze outcomes using general linear models, linear mixed models, and correlation analyses.

The team finds no significant baseline differences between groups on demographic or clinical variables, except that the SBT group reports lower self-rated emotion regulation at baseline than the AffeCT group ($F(1,140)=4.33$, $p=.039$). They also observe no group differences in app helpfulness ($F(1,96)=0.02$, $p=.896$), ease of use ($F(1,96)=0.18$, $p=.669$), or likeability ($F(1,96)=0.91$, $p=.342$). They note that the total minutes spent training did not differ significantly across the two training groups. Participants assigned to SBT training, however, did engage in more training sessions than participants assigned to AffeCT training. Additionally, all participants showed improvements in

ffective control performance and a reduction in interpretation bias and rumination from baseline to post-training. The observed reduction in rumination persisted at 1-month follow-up.

The authors acknowledge the limitations of the study including lower-than-expected training compliance (51%, and only 36% in the AffeCT group), which may reduce power to detect effects; the absence of a placebo non-ffective control condition, making it difficult to rule out placebo effects; the short one-month follow-up period; and the need to identify and exclude fraudulent participants due to online recruitment. They recommend future trials include placebo-training controls, ensure adequate power, extend follow-up, and refine fraud-detection procedures.



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Exploring the role of resilience in selective prevention intervention for adolescents at risk of depression and anxiety in Nepal: findings from a pilot cluster randomized controlled trial

Research | [Open access](#) | Published: 29 September 2025

Volume 19, article number 103, (2025) [Cite this article](#)

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Singh et al. (2025) highlight the mental health risks faced by adolescents in LMICs and discuss preventive interventions, focusing on the ALIVE (*improving adolescent mental health by reducing the impact of poverty*) selective prevention program (developed within a conceptual framework linking poverty, self-regulation, and adolescent depression and anxiety (Lund et al., 2023). The authors hypothesize that self-regulation and resilience are positively correlated, and that resilience is negatively correlated with depressive and anxiety symptoms. They conduct a study to examine the sensitivity to change in internal and external resilience from baseline to 6 and 12 months across the ALIVE intervention arms (self-regulation, economic, combined, and control). This study is nested within the ALIVE parallel four-arm pilot cluster randomized controlled trial (cRCT).

The study includes four arms: a self-regulation intervention, an economic intervention, a combined intervention, and a control group. Adolescents aged 13-15 years are recruited from public secondary schools in Budhanilkantha

municipality and adjacent wards of Kathmandu, areas selected for their high vulnerability to urban poverty and suitability for school-based recruitment. Of 21 public schools, 11 meet eligibility criteria (≥ 100 students in grades 6-8 and at least 1 km apart). Eight eligible schools are randomly selected and then randomized equally (1:1:1:1), with two schools per arm, using computer-generated pseudo-randomization. They conduct assessments using the Patient Health Questionnaire-Adolescent (PHQ-A), the Generalized Anxiety Disorder scale (GAD-7), an eight-item poverty screening tool adapted from the Multidimensional Poverty Index for the ALIVE study, the 17-item Child and Youth Resilience Measure-Revised (CYRM-R), and the 10-item Rugged Resilience Measure (RRM). They analyze the data using descriptive statistics, bivariate associations, and linear mixed models with individual-level random effects for longitudinal resilience outcomes, applying maximum likelihood estimation. They also conduct pairwise comparisons, mediation analyses, independent samples t-tests, χ^2 -tests, and logistic regression.

The team recruits 229 adolescents (13–15 year olds), deliver 20 group-based sessions across the three intervention arms between May and September 2024. Two groups per cluster are formed in each arm, with 10–15 adolescents per group. Sessions last 90 minutes in the self-regulation and economic arms and 2 hours 15 minutes in the combined arm. All sessions take place in schools and are delivered by two facilitators per group using a cascading capacity-building model. Participants meeting risk thresholds for depression, anxiety, or suicidality are referred to psychosocial counsellors. At baseline, the combined arm shows higher external resilience than the control group ($p = 0.018$). Females report higher depressive ($r = 0.16$, $p = 0.019$) and anxiety symptoms ($r = 0.14$, $p = 0.036$) and lower internal resilience ($r = -0.13$, $p = 0.047$) than males. Difficulty in self-regulation correlates positively with depressive and anxiety symptoms ($r = 0.38$, $p < 0.001$) and negatively with internal resilience ($r = -0.18$, $p = 0.006$). Both internal and external resilience correlate negatively with depressive and anxiety symptoms. Across intervention arms, no statistically significant sensitivity-to-change effects in resilience are detected. However, expected directional improvements appear: external resilience increases over time for males in the self-regulation and economic arms and for females in the self-regulation arm; internal resilience shows positive trends for males in the economic and combined arms and for both genders in the self-regulation arm. Mediation analyses showed no significant intervention

effects on mental health outcomes through resilience. Internal resilience at 6 months predicts lower anxiety at 12 months, and for males across all arms, higher internal resilience is associated with lower depression.

The authors conclude that the study underscores the need to directly target resilience in intervention design, account for ecological and contextual factors, and include longer follow-up periods to assess the sustainability of intervention effects. They acknowledge several limitations, including – limited generalizability; a relatively small sample that leaves analyses underpowered; possible social desirability bias; only three assessment time points, which may miss later-emerging intervention effects; variation in baseline external resilience between groups; potential confounders (such as prior mental health conditions or psychotropic medication use; and variations in session timing across intervention arms may influence engagement and outcomes, underscoring the need for standardized implementation or systematic evaluation of timing effects in future research. They recommend that a future, larger ALIVE trial with adequate power should test the proposed mediation model with resilience as a key process and mediator, while also exploring additional mechanisms of change and addressing stigma and group dynamics. They emphasize the importance of further research examining how resilience processes interact with social determinants of mental health to shape adolescent outcomes.

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MINDSCAPES - ADOLESCENT EXPRESSIONS CORNER

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Are we there yet? A quick peek into the debate in young minds.

Based on what I have been told by my teachers, parents, and other adults in my life, it is clear that some of them expect teens to behave in a certain way and demonstrate a clear change in their behavior if they want to improve. They tell me that teens are temperamental, prone to risky actions, and rebellious. In addition, I was told that the teenager mind is still being developed and they should be aware of how it is actively shaping who they will become throughout their adulthood, as well as impact the rest of their life. I am not sure if I am completely in agreement with that. While there is some degree of truth behind it, I also believe that teenagers are capable of putting clear thought behind most of their actions and think rationally, while also being rebellious at the same time. As a teenager, I believe that as we begin to make our own decisions, such actions are not just influenced by our age alone, but also by external factors or our circumstances, and a natural drive to assert and demonstrate our independence.

I have been advised on multiple occasions by my parents, teachers and relatives that I am in the formative years of my life where I mature into the person I will be as an adult, and it is time to start taking responsibility and learn to make decisions for myself. I am reminded constantly that myself and teens of my age are at a point where our decisions and actions can be guided and monitored by adults to teach us right from wrong in the real-world settings. I concur and strongly maintain that teens should start accepting that by making their own decisions , and also owning the consequences that come with such decisions. Teens should be allowed to take risks, as we will learn directly the outcomes of the actions we make, and face resulting repercussions, should there be any.

I am realizing through my interactions and observations with my friends and peers that bad decisions are mostly due to circumstances and our reading about it rather than the age as some may think. For example, a friend of mine, who I know to be quite intelligent and logical, found herself in a situation where she was forced to make a decision that she knew wasn't very good. In other similar situations, where

she may have had the time to weigh her options, she would have made a decision that reflects well on clear rationality. This leads me to believe that, while the teenage mind is a bit more impressionable and prone to questionable behavior, it is most likely not the sole reason for bad behavior. I have seen adults also make terrible choices, and in most cases situations and circumstances drive poor behavior. Thus teenagers age and the fact that their minds can be more impressionable, and vulnerable to outside influence are not always the only reasons for bad decisions or behaviors.

Take, for example, the stubborn or rebellious nature that is usually associated with teenagers. I see first-hand in my peers that rebelliousness and risky behaviors are not uncommon, and their behaviors may adversely affect them and the people around them if they are not careful. However, in most cases I believe that their act of rebelliousness is an action that is displayed in certain situations to assert themselves to their parents and teachers, or to prove to themselves that they're capable. I think that as teenagers, we all understand the consequences of such behaviors. Despite that, in most cases we still act out as such actions were not done solely with ill intent, but with a determination to prove others wrong about us as individuals.

In conclusion, while teens do sometimes live up to their stereotype, it does not mean that teens simply choose to 'not listen' to the advice of their parents and other adults in their life. The variety of different experiences that a teen may encounter teaches them how to navigate similar interactions that may occur in their future. One example that caught my attention was the second *Inside Out* movie. The main character, Riley, is shown growing up and learning more about herself as she begins to experience more complex emotions. In the movie, her main conflict revolves around a hockey tryout camp, where she struggles with anxiety and feels pressure to make the team her top priority, even at the cost of staying true to herself. This story resonated well with me because it reflects my own internal conflicts as volleyball tryouts approach this year. While I may not experience my emotions as intensely as the film portrays, I can definitely relate to some of the feelings Riley goes through, and I know many teens face similar struggles. Teenagers are growing, both physically and mentally, and as they discover themselves and go through the journey, their actions may seem out of character and unpredictable. Eventually, just as Riley was able to settle and find her place, most teenagers will be able to as well. With time and experience, teenagers will respond to situations more maturely and learn to be independent and self-assured in their decision making.

~ Aarthi ~



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Good evening, Great Disturber

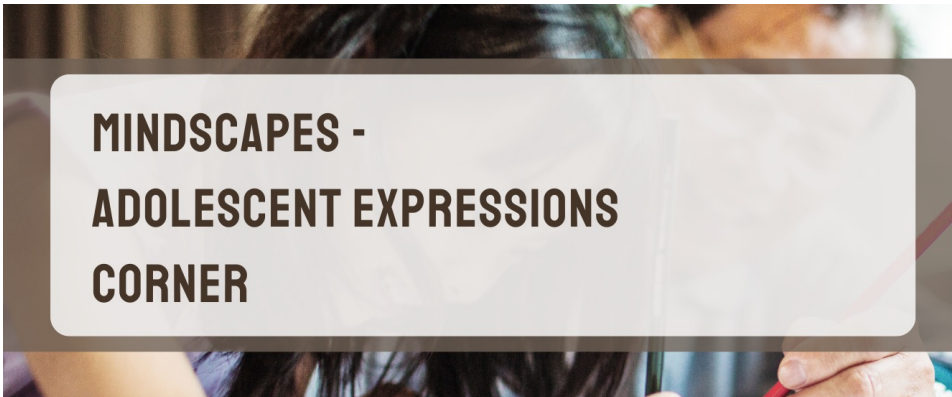
Good evening, Great Disturber
What'll be my burden tonight?
Will you have pity on me for once?
Don't you see the hatred that I fight?

My muse was oh so graceful
She would always sing with me
You turned her poem into a requiem
You did it so carefree!

I will do what you desire
I'll follow your demands
Be wary, 'cause bones
Will break - they do not bend

So listen to me for once
There's nothing else I strive (for)
But to sing the songs I want
And for my muse to be alive.

~ Lyse-Linde ~



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The Cherimoya Sprout

Ilapa cracked the sky, sending sacred rays through the tempestuous storm of Pacha Mama (The Earth Mother). A sanctified parcel had been mailed down from the kingdom's holy heavens.

The seed bled uncut diamonds that had been crowned by Inti herself. A stagnant layer was buried above it; a diabolical demon had tucked it into rest. The lurking shadows of the scorching sun took away the nutritious nutrients within it.

Mama Kilya (The Moon God) ambled, sighing as she did, her sunrise rounds of an awaking earth. The grotesque storm was indeed arriving. As the weather became more radical, the gods cried gold waterless rain. The seeds yearned for a miracle. The storm had bathed the thought away, spiralling it down the drain. Hope was a fatal game for the seed, but all it could do was wait for checkmate. The starved seed became frail and suddenly forgot about the king's check. The ghoul of the storm had expired, just like the future of the diminutive seed.

The seed didn't understand why it was sown if nobody would mother it. It thought a little more intently, its shell splitting down its spine. Was this all it was meant for? But why did the seed not know how captivating it would become? Did it not see an awaiting future? Not even true roots had yet been formed, its spotless coat now bone dry. The seed lingered for the day death would select it. Was it worthy of such a significant honor?

In another pot, empathy was planted in the soil. A resting seed was placed in a moist bed and from there on it flourished. In this unique nursery, a Cherimoya seed was waiting to germinate. Native to South America it grew blissfully in a lush greenhouse in the heart of the Eastern Cape. Victorious, the seed powerfully stretched its first node out of the dirt. It was rewarded by the rapids of a waterfall keeping it snugly attached to the earth's surface. The seed grew to become comfortable living between light and shade. Day by day the seed prospered and that was all that mattered.

The Cherimoya seed was flourishing as it intended to grow into a warrior. No matter the response of the farmer this knight of an armoured seed knew its resilience. One day, its potent leaves caught the attention of a girl standing curiously in the forest of the garden.

She was talking to the polite man about her desire to study horticulture science at university, but the wee seed could not understand the big vocabulary coming from this beautiful girl.

"My abuelita is from Bolivia," The girl glowed with pride.

"I am too!" The seed desperately wailed. But its mouth could only soak up water, it had no business yet to speak.

The enthusiastic girl and the man suddenly made their way towards the eager seed. Tremulous, it wanted to conceal itself back into the twilight of the soil.

"Here it is, but don't mention where you got it from,

" The man winked while picking it up.

"Take one for your grandma too," His smile shimmered.

"Thank you." The indebted girl expressed, holding onto its rim tightly.

"Abuelita!" She excitedly called out after a parched long drive back home.

"I got you a surprise!" She shrieked.

Small tears filled her granny's eyes watering the ostentatious seed below. Grandma's history was unfolding within this plant.

"I grew up with this plant on my farm," She said, laughing tears of joy.

"This is part of who I am. You brought Bolivia back home with me," She sniffed.

Blushing the seed grew ever so slightly.

~ *Emily Carter* ~

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mental health awareness!



Name of the Painting - Firul

About the artwork - The painting symbolizes the way we are confined by our own experiences. The central figure represents the self, while the secondary figures symbolize different facets of the self; beliefs suspended from our consciousness, defining us in the illusory journey toward a higher state of being.

~ Vladislav~

A promotional poster for the IACAPAP Education Travel Grant 2026. The background is a chalkboard with various drawings: a speech bubble saying 'YES!', the words 'JOURNEY STARTED', a question mark, a lightbulb, and the phrase 'DON'T FORGET TO BUY COFFEE'. There are also some mathematical symbols and a tic-tac-toe grid. In the foreground, there's a desk with a laptop, a potted plant, and a box of pens. The IACAPAP logo is in the top left corner. The main title 'IACAPAP EDUCATION TRAVEL GRANT 2026' is in large, bold, black letters. Below it, a dashed line separates the title from the application dates. The dates are 'Application Open 15 August 2025' and 'Application Close 15 March 2026'. At the bottom right, there is a QR code and contact information: 'FOR MORE INFORMATION', 'www.iacapap.org', and 'info@iacapap.org'.

IACAPAP Education Travel Grant was established to support attendance from Low-and Middle-Income Countries (LMIC) to attend the Association's congresses, including the World Congress of IACAPAP.

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 congresses. 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 opens: 15 August 2025
- Application deadline: 15 March 2026
- Notification of outcome: **Mid-April 2026**

B. Nature of Grant

The grantee of the IACAPAP Travel Grant receives the following to attend the [27th World Congress of IACAPAP in Hamburg](#):

- Up to USD 1,000 (one thousand US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel within the continent OR
- Up to USD 1,500 (one thousand five hundred US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel outside the continent.
 - Airfare
 - Travel Expenses: Economy bus and train are covered by the travel grant. Taxi fares, parking fees, and fuel costs if you are driving to the site of the convention/conference are also acceptable.
 - Lodging expenses: Hotel, hostel, or other expenses towards lodging incurred during the convention/conference.

Note: Each recipient will be responsible for booking their hotel and flight. IACAPAP do not release funds to book flight or accommodation before any congress. The travel grant will be distributed within 30 days upon receiving the completed submission of the required documentation. All receipts must be submitted within 30 days of the congress to be reimbursed. Funds will not be distributed without receipts.

C. Eligibility

1. Only **IACAPAP Individual Members** may qualify for an IACAPAP Education Travel Grant.
2. Current membership in IACAPAP at the time of submission, notification and event dates.
3. The candidate cannot receive two consecutive travel grants.
4. A 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 27th World Congress of IACAPAP in Hamburg.
6. The applicant must be an author of a full, short or demo paper and be the one presenting the work at the 27th World Congress of IACAPAP in Hamburg.

D. Application

All applications should be submitted electronically (click [here](#)) and should be received by **15 March 2026**. All supporting documents need to be sent by email to info@iacapap.org. Late submission cannot be accepted.

Please submit the following:

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 (with abstract submission number) you have submitted.
4. A copy of the official receipt of the Congress registration fee.
5. A copy of the letter of invitation from the Congress secretariat indicating that you are presenting your paper during the congress.

E. Notification of Outcome

For a successful applicant, you will receive an award letter by email notifying you that you have been awarded a grant. You will also get an email if you were not selected for a grant, and a notification if we have a waitlist.

Apply now!



Scan the QR to apply



2026 SA-ACAPAP CONGRESS
In partnership with IACHA, SA and SAA

Congress Theme: Innovations in child, adolescent and family mental health: Integrated approaches to research and practice.

Sub-themes:
1. Building Resilience and hope (health promotion and prevention)
2. Innovative Practices in Mental Health (technology and digital innovations; family centred approaches)
3. Empowering Advocacy and Leadership (youth and family voices)
4. Contextually relevant research in Child and Adolescent Mental Health
5. Other

Call for abstracts & Registration is free
Submission Deadline: 28 August 2025

Invitation to submit workshops:
Interested persons are invited to submit applications to host half day workshops or masterclasses as part of the congress. These will take place on **Saturday, 14 March 2026** from 08h30-12h30.
If you are interested, please complete and submit a workshop application template by 20 June 2025. The outcome will be communicated by 30 June 2025. The template can be obtained from Kirsty Muller at kirsty@conpartner.co.za.

Keynote Speaker:
Dr. Massimiliano Orti, McGill University, Canada.
Dr. Massimiliano Orti is an Assistant Professor in the Department of Psychiatry at McGill University, a Principal Investigator at the Douglas Hospital Research Centre, and an associate member in the Department of Epidemiology, Biostatistics and Occupational Health at McGill University. He is a Theme Lead in the Montreal WHO/PAHO Collaborating Centre for Research and Training in Mental Health. His multidisciplinary research program in psychiatric epidemiology aims to understand the risk factors of suicide across the lifespan using data from large population-based longitudinal studies and genetically informed methods. Besides research, Dr. Orti practices as a clinical psychologist in the Depressive and Suicide Disorders Program at the Douglas Mental Health University Institute.

SAVE THE DATE 12-14 MARCH 2026
Lagoon Beach Hotel, Milnerton, Cape Town

All info including registration & abstract submission details can be found on the website: www.saacapap.co.za

[2026 SA-ACAPAP CONGRESS](#)

12-14 March 2026
Lagoon Beach Hotel,
Milnerton, Cape Town, South
Africa

[Congress website](#)



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IT TAKES A VILLAGE: CANADIAN COLLABORATIONS IN CHILD AND YOUTH PSYCHIATRY CARE AND RESEARCH

45TH ANNUAL CANADIAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY Conference

JUNE 6 - 9, 2026

DELTA BY MARRIOTT ST. JOHN'S HOTEL AND CONFERENCE CENTRE
ST. JOHN'S | NEWFOUNDLAND

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Académie canadienne de psychiatrie de l'enfant et de l'adolescent

[45th Annual Canadian Academy of Child & Adolescent Psychiatry Conference](#)

6 - 9 June 2026
Delta by Marriott St. John's Hotel and
Conference Centre, St. John's, Newfoundland

[Congress website](#)



WAIMH 2026
19TH WORLD CONGRESS | TORONTO, CANADA
World Association for Infant Mental Health

OCT 2 - 6, 2026
Harmony in Diversity: Nurturing the Youngest
Minds Around the World

Infant and Early Mental Health Promotion | SickKids

[Congress website](#)

ESCAP 2027
22nd International Congress of the European Society for Child and Adolescent Psychiatry
Child and Adolescent Mental Health in a Polarised World

ATHENS GREECE | 24 – 26 JUNE 2027

Save the Date

ΕΠΕΛΕΓΜΕΝΗ ΕΤΑΙΡΕΙΑ ΕΛΛΗΝΙΚΗΣ ΨΥΧΙΑΤΡΙΚΗΣ ΕΤΑΙΡΕΙΑ ΕΛΛΗΝΙΚΗΣ ΨΥΧΙΑΤΡΙΚΗΣ
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ESCAP
European Society for Child and Adolescent Psychiatry

WWW.ESCAP2027.FI

[Congress website](#)



Save the Dates!

Jan. 24 and
Feb. 7
2026

Here's What's Included:

10 Presentations From Top Experts:
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retention through live polling with instant feedback

Up to 13.5 CME credits available

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When Comorbid Disorders Interfere
With Standard Treatments

Co-chairs:
Boris Birmaher, MD
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Early Bird
Registration Ends
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International Association for Child and
Adolescent Psychiatry and Allied Professions

www.aacap.org/psychopharm-2026

[Click here](http://www.aacap.org/psychopharm-2026)



Title	The 12th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP 2026)
Dates	April 2 (Thu) - 4 (Sat), 2026
Venue	COEX, Seoul, Korea
Website	www.ascapap2026.org
Official Language	English
Hosted by	The Korean Academy of Child and Adolescent Psychiatry
Important Dates	Symposium Proposal Submission Deadline September 2 (Tue), 2025 Abstract Submission Deadline October 28 (Tue), 2025 Abstract Acceptance Notice December 9 (Tue), 2025 Pre-registration Deadline March 3 (Tue), 2026

ADVERTISING OPPORTUNITIES!

Approximate circulation: 13,000++

Distributed to the entire IACAPAP mailing database!!

Deadline	15 Feb 2026 (Graphics are due upon purchase of ad space)
Full Page	USD 450 (full colour)
½ Page	USD 200 (full colour)
¼ Page	USD 100 (full colour)

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

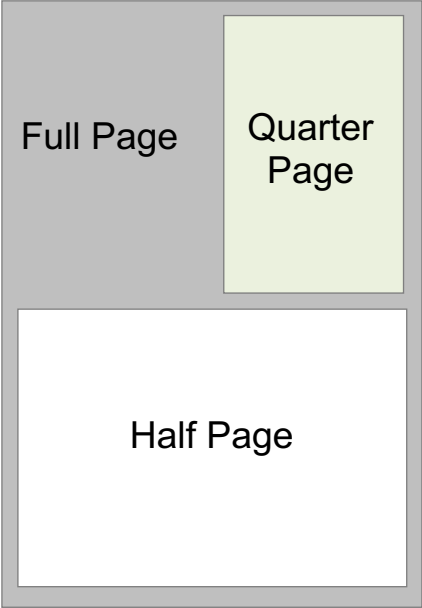
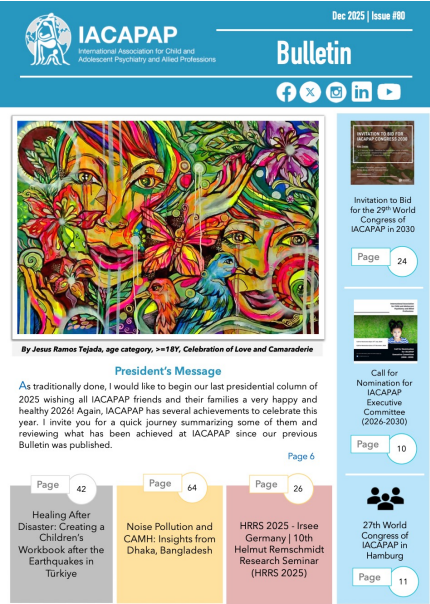
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IACAPAP reserves the right to decline, amend, withdraw or otherwise deal with all advertisements submitted at the organization’s discretion and without explanation.

For enquiries, please email info@iacapap.org



A close-up photograph of three children's faces, smiling and looking upwards. The child in the center is a girl with dark hair, and the two children on either side are boys with light hair. They are all smiling broadly, showing their teeth. The background is a soft, out-of-focus green, suggesting an outdoor setting with foliage.

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)

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IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

IACAPAP Member Organisations

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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 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

Association of Child Psychiatry and Allied Professions of Ukraine, Ukraine (ACPAPU)

Australian Infant, Child, Adolescent and Family Mental Health Association | Emerging Minds, Australia (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 | Associacao 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, Poland

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, Denmark (BÖPS)

Egyptian Child and Adolescent Psychiatry Association (ECAPA), Egypt

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

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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

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

Malaysian Child and Adolescent Psychiatry Association (MYCAPS), Malaysia

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