



**By Umay Ece, age category, age Group: <6Y, Travelling or school field trip**

## President's Message

Since these have been quite holiday months and the IACAPAP bulletin editors have revised the bulletin publication schedule for 2025, moving the bulletin publication from the end of the month to mid-month, shortening the period since my last bulletin report, this presidential column will also be shorter.

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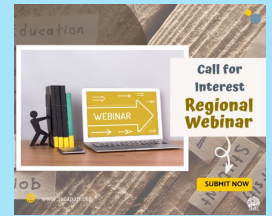
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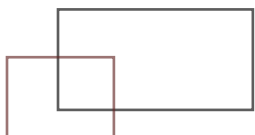
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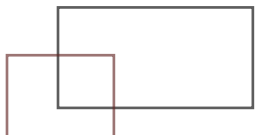
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## President's Message

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.



Luis Augusto Rohde  
IACAPAP President

In addition, IACAPAP received an impressive number of 124 applications for the Helmut Remschmidt Research Seminar 2025, a meeting that occurs in the year before our congress with the main goal of improving research skills of young mental health professionals. The seminar will be held from 7-12 September 2025, in the Monastery of Kloster Irsee, in Bavaria, near Munich. At the time you are reading this bulletin, the selection committee should have already announced the list of successful applicants.

Regarding the collaboration between IACAPAP and the [Stavros Niarchos Foundation \(SNF\) Global Center for Child and Adolescent Mental Health at the Child Mind Institute](#):

- **The Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute Clinical Fellowship Program for Low- and Middle-Income Countries (LMICs):** We will have a joint meeting in Porto Alegre in mid-March with our Mozambican fellows (including the first cohort, just finishing their training, and the second cohort, soon arriving to start the program), local mentors from Hospital de Clinicas

Since these have been quite holiday months and the IACAPAP bulletin editors have revised the bulletin publication schedule for 2025, moving the bulletin publication from the end of the month to mid-month, shortening the period since my last bulletin report, this presidential column will also be shorter.

Here is the news that I would like to share with you:

Professor Tobias Banaschewski and the local organizing committee continue working in preparation for our next World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Hamburg, Germany from July 1st to 4th, 2026. We expect to have a preliminary line-up of keynote speakers in the first quarter of the year. In



de Porto Alegre, Brazil, mentors from Mozambique, and Peter Raucci, Program Director of Fellowships at the SNF Global Center. The goal is to strengthen the group identity, exchange experiences, and improve the program for both cohorts. In addition, to make the selection of pairs of countries for next rounds of the Clinical Fellowship Program for LMICs even more comprehensive and participatory, IACAPAP and the SNF Global Center for Child and Adolescent Mental Health at the CMI are working on a plan to expand partnerships for the program.

- **SNF Global Center Item Bank - an Assessment Tool to Support Culturally Appropriate Global Data Collection:** As announced in the previous bulletin, the psychometric evaluation phase is in progress. In addition, the SNF Global Center team is working on producing a set of items for measuring risk factors for mental health conditions and will be seeking feedback from IACAPAP members on priority ranking for these risk factors. This effort is led by Zeina Mneimneh, Program Director of Global Landscape Mapping/Epidemiology. More information will be shared with IACAPAP members in the coming few weeks.

We were informed that the period where interested stakeholders can provide comments on the appeal document to include methylphenidate in the [WHO Essential Medicines List](#), led by Professors Brooke Molina and Philip

Shaw is already open. The announcement article can be found on the [IACAPAP webpage](#) and you can view the application file (A.19 Methylphenidate - attention deficit hyperactivity disorder) [here](#). We strongly encourage all our national association members and individual members to enthusiastically support this appeal. The [WHO Essential Medicines List](#) guides which medications LMICs make available for their populations. Millions of children and adolescents with ADHD worldwide do not have access to generic methylphenidate just because it is not considered an essential medicine by WHO. The letters of support can be addressed to [emlsecretariat@who.in](mailto:emlsecretariat@who.in).

As you might remember, our antepenultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in the scientific literature. This time, I would like to highlight two papers addressing related areas. One published in *Lancet Psychiatry* two months ago (*Garcia-Argibay M, et al. Evaluating ADHD medication trial representativeness: a Swedish population-based study comparing hypothetically trial-eligible and trial-ineligible individuals. Lancet Psychiatry. 2025 Feb;12(2):131-139. doi: 10.1016/S2215-0366(24)00396-1*), and the other in *BMJ Mental Health* that also appeared in 2025 (*Stringaris A, et al. Comparing apples and oranges in youth depression treatments? A quantitative critique of the evidence base and guidelines. BMJ Ment Health. 2025 Jan 19;28(1):e301162. doi:*

10.1136/bmjment-2024-301162). Why do they matter and how they are related? One of the pillars of care in child and adolescent mental health is to provide evidence-based interventions. To guide us on which are those interventions, well-designed randomized clinical trials (RCT) and meta-analyses (MA) are key tools. The two papers discuss challenges in this approach in different areas of CAMH. Garcia-Argibay et al. (2025) in a thoughtful exercise review all exclusion criteria normally used in RCT in ADHD. Then, authors used data from multiple Swedish National Registers to compare patterns of response to medication treatment for patients with ADHD divided in two groups: one not fulfilling exclusion criteria used in previous RCT trials in the area and a second one with patients fulfilling those criteria (i.e., eligible and ineligible individuals). They found significant between-groups differences in some aspects of response to medication. This calls to our attention that evidence-based data emanating from well-designed RCT might not be always applicable to our individual patients. Even more-considering how strict are inclusion/exclusion criteria in RCT assessing interventions for mental health. Stringaris et al. (2025) showed that we also need to take care when reading data from innovative MA approaches like network-MA. Reviewing RCT assessing psychopharmacological and psychotherapeutic interventions for

youths with depression, the authors found enormous between-groups differences in the treatment response of controls (i.e., much higher response in psychopharmacological trials). The data indicates that controls in psychotherapeutic trials receive less intensive interventions than those offered for active conditions, what is not seen at the same amount in psychopharmacological trials. This artificially biases our attempts to compare findings from psychopharmacological and psychotherapeutic interventions for youths with depression, making us rely on evidence data emanating from comparisons between "apples and oranges". Obviously, this is not to say that we need to abandon evidence-based data in guiding our treatments, but that we need to refine even more our skills for critical reading and to detect how data translate to individual patients in our offices.

Finally, regarding the auditable proposed goals in the previous bulletin, they are in progress since their time frame for implementation was longer than the period between the previous and this one. Thus, we will keep them up to our next bulletin. Just as a reminder, they are:

1. Have all the contracts in place between the African hosting country (South Africa) and the one who will

send the fellows as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program, and a date defined for the launching of this program in the first semester of 2025.

2. Have the host country and the one which will send fellows from Asia defined.

3. Have the first of a series of trials/surveys for psychometric assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank launched in the first quarter of 2025.

I hope you all enjoy reading our Bulletin.

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



# Tunisian Society of Child and Adolescent Psychiatry in 2024

## A look at a year dedicated to autism

By: Khaoula Khemakhem, Fatma Charfi, Ons Nouira, Jaweher Boudabbous, Abir Ben Hammouda, Imen Chaabene, Randaline Ayoub, Hela Ben Abid, Yousr Moalla and Asma Bouden, Tunisia.

The Tunisian Society of Child and Adolescent Psychiatry, with its newly elected board as of December 1, 2023, has dedicated the year 2024 to autism. This commitment has led to the launch of numerous initiatives aimed at raising awareness, improving professional training, and enhancing care for children and adolescents with autism spectrum disorder (ASD) across Tunisia.

Key actions undertaken in 2024 include:

**Public Awareness Campaigns:** Several initiatives were launched to educate the general public through audiovisual media, including multiple radio broadcasts and videos aired on national television and through social media. These addressed key topics such as the signs of autism, epidemiological and etiopathogenic data, early detection, and psychoeducation of caregivers and families.

**Mental health-care Caravans:** Screening and care services for children with ASD were provided in several remote regions of Tunisia.

**Parent Support and Training:** Building on the efforts of the previous board, the

Tunisian Society of Child and Adolescent Psychiatry launched a guide for parents of children with ASD in collaboration with the ministry of family, women, and children. Additionally, training sessions were organized for inspectors of education on the inclusion of children with ASD in kindergartens.

**Professional Training:** Several sessions on the M-CHAT-R/F tool (Tunisian version: <https://aasphr.org/m-chat/>) were conducted to train frontline professionals in the early detection of autism.

**Contribution to the National Mental Health Plan:** The Tunisian Society of Child and Adolescent Psychiatry also contributed to the development of the national mental health plan for children and adolescents, which aims to promote the mental well-being of young people in Tunisia and enhance the management of mental disorders. One of the plan's priority areas is the early detection of autism.

**Development of a best practice guide on autism:** The society is currently working on adapting a best practice guide on ASD to enhance the quality of care for children and adolescents in



Figure 1: The 6th Congress of the Tunisian Society of Child and Adolescent Psychiatry, November 21-23 2024, Sfax, Tunisia.

Tunisia. This guide aims to strengthen the implementation of evidence-based clinical practices while tailoring them to the local context. It is expected to be finalized in the first half of 2025.

**The 6th STPEA Congress:** The 6th STPEA Congress took place on November 21-23, 2024, in Sfax, Tunisia, under the theme "**Preventing Child and Adolescent Mental Health Problems: What Are the Challenges?**" The event gathered more than 250 participants, including child psychiatrists, psychiatrists, psychologists, pediatricians, pediatric neurologists, social workers and other allied professionals. National and international experts provided valuable insights into child, adolescent, and family mental health. The congress, chaired by Pr H la Ayadi, covered a wide range of topics, from neurosciences to socio-educational sciences, addressing mental health challenges from infancy to adolescence.

It also served as a platform for discussing best practices and innovative approaches to prevent mental disorders before they manifest. We have had several activities where autism spectrum disorder was addressed, such as, a workshop on psychoeducation for families of children with ASD, an event on Early Start Denver Model and early ASD intervention, and another event on the role of the gut-brain microbiota axis in neurodevelopmental disorders in children.

Through these initiatives, Tunisian Society of Child and Adolescent Psychiatry reaffirms its dedication to advancing child and adolescent mental health in Tunisia.

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





**2026**  
HAMBURG  
GERMANY

Luis Augusto Rohde  
President IACAPAP

Tobias Banaschewski  
Conference Chair



**IACAPAP**

International Association for Child and  
Adolescent Psychiatry and Allied Professions



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See you  
in Hamburg –  
discover the  
host city of  
IACAPAP  
2026!

27<sup>th</sup> 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**

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Hamburg, Germany



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**Hamburg cannot be told,  
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That’s a promise!**

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[Click here](#)

# Advancing Child and Adolescent Mental Health: An Overview from the UAE

By: Dina Aly El Gabry, Leena Amiri, Karim Abdel Aziz, Fadwa Al Mugaddam and Syed Fahad Javaid

*Department OF Psychiatry, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, UAE.*

The Department of Psychiatry at the College of Medicine and Health Sciences, UAE University (UAEU) – the oldest and most prestigious university in the United Arab Emirates – has been at the forefront of mental health advocacy, particularly in the field of child and adolescent psychiatry. Through a series of impactful workshops, collaborations, and ground-breaking research projects, the department is committed to raising awareness, educating the community, and contributing to scientific advancements in mental health.

## *Strengthening Awareness Through Collaborative Workshops*

One of the department's key initiatives was a highly successful workshop titled "Our Children, Our Future: Their Protection is Our Responsibility." This event was organized in collaboration with the Institute of Public Health at UAEU's College of Medicine and Health Sciences and featured esteemed speakers from the Ministry of Interior and specialist paediatricians.

A highlight of the event was a lecture by Dr. Leena Amiri, who provided an in-

depth discussion on various aspects and perspectives of child abuse, emphasizing its psychological impact and the importance of early intervention. The session was met with an overwhelmingly positive response from the audience, demonstrating the increasing interest in child protection and mental well-being. Also, Dr. Leena conducted a workshop titled "Supporting Caregivers in Addressing Daily Life Challenges" at the 2nd International UAE Rare Disease Society Congress". This initiative aimed to empower and assist caregivers in navigating complex challenges that they face in their daily lives. The workshop's insights and strategies promise to make a significant impact on the well-being of caregivers within the rare disease community.

In another awareness initiative, the department partnered with the Emirates Happiness Center to deliver a thought-provoking lecture on bullying, presented by Dr. Dina Aly El Gabry. What made this event particularly unique and engaging was the active participation of schoolchildren, who were allowed to ask questions and share their personal experiences. This interactive session not



Figure 1: Dr. Leena Amiri presenting at the 2nd International UAE Rare Disease Society Congress

only educated students about the psychological and social consequences of bullying but also empowered them with the tools to recognize and address it effectively.

*The Digital Age and Adolescent Mental Health: Understanding the Impact of social media*

Recognizing the emerging mental health challenges of the digital era, the Department of Psychiatry took part in the Abu Dhabi Integrated Mental Health Conference, where Dr. Dina Aly El Gabry delivered a presentation titled "Scrolling into the Darkness: The Role of Social Media in Teen Self-Harm."

Her lecture delved into the post-pandemic era, where social media dominates adolescent lives, shaping their identities, self-esteem, and mental well-being. She explored the power of "likes" and online validation, highlighting



Figure 2: Dr. Dina Aly El Gabry delivering a workshop on Bullying for School Children

how excessive social media use has contributed to heightened levels of anxiety, depression, and self-harm among teens.

Dr. El-Gabry also introduced several modern psychological phenomena associated with social media overuse, including:

- Phubbing - Ignoring real-life interactions in favour of digital engagement.
- Fear of Missing Out (FOMO) - The anxiety of being left out of social experiences.
- Vaguebook & Social Overload - The stress of constant online interaction.
- Digital Persona & Nomophobia - The growing dependency on online identities and the fear of disconnection.



- Cyberbullying - The psychological distress caused by online harassment.

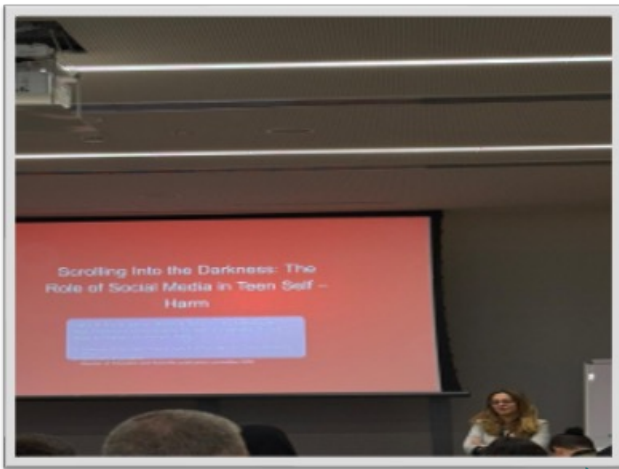


Figure 3: Dr. Dina Aly El Gabry presenting in the 5th Abu Dhabi Integrated Mental Health Conference

Her evidence-based discussion revealed how the habitual use of social media alters executive brain functions, particularly affecting the frontal and cingulate regions responsible for decision-making and emotional regulation. She argued that the current DSM criteria for internet addiction fail to fully capture the explicit and implicit effects of social media on adolescent brain development, emphasizing the need for new diagnostic frameworks and intervention strategies.

*Upcoming Event: Unravelling the Complexities of Dyslexia*

Continuing its commitment to mental health awareness, the Department of Psychiatry is currently preparing for an upcoming event on Dyslexia, which will provide a comprehensive exploration of this neurodevelopmental disorder. The

event will cover the neurological, linguistic, and educational perspectives of dyslexia, offering valuable insights for educators, parents, and healthcare professionals.

By deepening the understanding of dyslexia’s complexities, the department aims to enhance early diagnosis and intervention strategies, ultimately supporting children with dyslexia in reaching their full academic and personal potential.



Figure 4: The Department of Psychiatry, CMHS, UAEU in one of its events

*Pioneering Research: The Role of Oxytocin in Psychiatric Disorders*

In addition to its educational and advocacy efforts, the Department of Psychiatry is actively engaged in cutting-edge research. One of its most ambitious projects focuses on investigating Oxytocin levels in various psychiatric disorders, with a particular emphasis on Autism Spectrum Disorder (ASD).

This study, the first of its kind in the UAE, aims to compare Oxytocin levels in children with Autism in comparison with those in individuals experiencing other psychiatric conditions. The goal is to explore potential diagnostic biomarkers and new therapeutic approaches, opening the door to more effective treatments for children with autism and other psychiatric disorders.

*A Vision for the Future: Shaping Mental Health Advocacy and Innovation*

Through its educational initiatives, interdisciplinary collaborations, and

pioneering research, the Department of Psychiatry at UAEU continues to lead the way in child and adolescent mental health advocacy. By tackling both traditional and emerging challenges, the department plays a pivotal role in shaping the future of psychiatric care in the UAE and beyond.

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





# AACAP/CACAP Pediatric Psychopharmacology Update Institute

By: Jill Zeigenfus Brafford, AACAP's Chief of Learning and Strategic Initiatives, United States.

The **American Academy of Child and Adolescent Psychiatry (AACAP)/Canadian Academy of Child and Adolescent Psychiatry (CACAP) Pediatric Psychopharmacology Update Institute**, held **February 2-3, 2025, at the Sheraton New York Times Square**, brought together a diverse group of child and adolescent psychiatrists, pediatricians, nurse practitioners, and other mental health providers. The meeting was the first collaborative meeting of its kind between AACAP and CACAP and provided valuable treatment updates

from both the United States and Canada, truly sharing the best in research and clinical practice from both countries.

Under the exceptional leadership of co-chairs **Adelaide S. Robb, MD**, and **Roberto B. Sassi, MD**, the program successfully delivered insightful, evidence-based content that met its learning objectives. Attendees gained practical guidance on medication management for a range of conditions, including ADHD, autism spectrum disorder, bipolar disorder, depression, obsessive-compulsive disorder,



Figure 1: Presenters from day one of the Institute: Roberto B. Sassi, MD, AJ Allen, MD, Thomas V. Fernandez, MD, Louise Gallagher, MB, BCh, PhD, Adelaide Robb, MD



Figure 2: Presenter: S. Evelyn Stewart, MD

oppositional defiant disorder, and tics/Tourette's. The meeting also explored strategies for managing comorbidities and medication side effects, as well as key differences in drug approval processes between the U.S. Food and Drug Administration and Health Canada.

With 10 expert-led presentations, the Institute provided attendees with cutting-edge research and clinical recommendations to take back to their practices. The discussions on clinical trial networks and measurement-based care offered valuable perspectives on how

treatments evolve and reach general use—bringing new hope to the children, families, and communities we serve.

AACAP's collaboration with CACAP was particularly meaningful and attendees enjoyed learning together and networking. Overall, the AACAP/CACAP Pediatric Psychopharmacology Update Institute was a productive and valuable gathering. Thank you to all who attended—we look forward to seeing you at future meetings!

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Figure 3: Presenter: Melvin D. Oatis, MD

# World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2025

The initiation of a World Infant, Child and Adolescent Mental Health Day (WICAMHD) to:

1. Recognise the global importance of infant, child and adolescent mental health.
2. Advocate for the promotion of mental health and prevention of mental illness in infants, children and adolescents.

**23<sup>rd</sup> of April** is declared as World Infant, Child and Adolescent Mental Health Day (WICAMHD) by 4 organisations:

- International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
- International Society for Adolescent Psychiatry and Psychology (ISAPP)
- World Association for Infant Mental Health (WAIMH)
- World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP)

## Background

Children and adolescents form a third of the world's population. Research has demonstrated that adverse experiences in childhood impact lifelong mental and physical health. Most mental disorders develop in childhood and adolescence (before the age of 25), and one-quarter of disability-adjusted life years for mental and substance use disorders occur in

youths. The prevalence of mental disorders continues to rise in the young and is higher than adults. The need to improve understanding of this as well as to create awareness of its importance in families, communities and societies cannot be underestimated.

## Purpose

The World Infant, Child and Adolescent Mental Health Day (WICAMHD) was initiated to take place annually on the 23<sup>rd</sup> of April to bring global awareness and literacy to this issue and bring the relevant professional agencies committed to this cause together.

## Objective

The objectives of the World Infant, Child and Adolescent Mental Health Day (WICAMHD) are to:

- Improve global public awareness about child and adolescent mental health.
- Create literacy and competencies in the promotion of child and adolescent mental health as well as reduce the stigma of mental disorders in these populations.
- Improve diagnosis, treatment, and prevention of child and adolescent mental disorders through international cooperation and understanding.
- Reach out to countries with scarce resources to develop child and adolescent mental health professionals.

# World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2025

## Theme: Bridging Worlds: Mental Health Support for Displaced Children and Families

This theme underscores the importance of comprehensively understanding and addressing the mental health challenges encountered by displaced children and families as a result of crises, while simultaneously promoting inclusion and fostering understanding between displaced individuals and host communities.

## How to Support WICAMHD 2025

1. Share the logo widely.
2. Use WICAMHD branding for social media posting.
3. Use social media to spread your message about the importance of mental health for the young.
3. Please involve your communications teams and do it on all websites and social media platforms you are on.
4. We suggest the following hashtags.

**#WICAMHD**

**#WICAMHD2025**

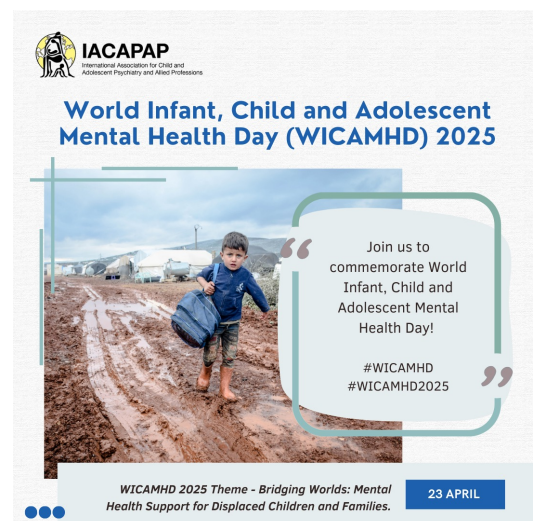
**#IACAPAP**

To download the marketing flyer, please click [here](#).

To download the WICAMHD logo, please click [here](#).

To download the social media tool, please click [here](#).

For more information, please visit <https://iacapap.org/events/world-infant-child-and-adolescent-mental-health-day/wicamhd-2025.html>.





This year marks the 4th celebration of the **World Infant, Child & Adolescent Mental Health Day (WICAMHD)**. In previous years, we hosted webinars featuring distinguished speakers addressing various themes. For 2025, the WICAMHD Committees are excited to adopt a hybrid format.

# WICAMHD2025

REGISTER NOW!

# SYMPOSIUM





<h2 style="font-size: 2em; margin: 0;">29</h2> <p style="margin: 0;"><b>April 2025</b></p> <p style="margin: 0; font-size: 0.8em;">14:00hr to 17:00hr (Istanbul time) 13:00hr to 16:00hr CEST 11:00hr to 14:00hr UTC 07:00hr to 10:00hr EDT</p>	<p style="margin: 0;"><b>Venue</b></p> <p style="margin: 0; font-size: 0.8em;"><i>Pine Bay Holiday Resort Hotel, Kusadasi, Turkiye</i></p>	<p style="margin: 0;"><b>Hybrid</b></p> <p style="margin: 0; font-size: 0.8em;"><i>The symposium will be held as part of the Turkish Association of Child &amp; Adolescent Psychiatry (TACAP)'s 34th National Congress of Child and Adolescent Mental Health and Illnesses in Turkiye.</i></p>
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🌐 [www.iacapap.org](http://www.iacapap.org)
✉ [info@iacapap.org](mailto:info@iacapap.org)

**The symposium is open to public.** Participants intending to attend the symposium in person (without accommodation) will incur an external participation fee of 42 Euros. The hotel's concept is ultra all-inclusive, and we are responsible for paying the hotel for anyone who enters and stays for more than 20 minutes. There is no cost for virtual participation, but registration is required in advance. Seats are limited, and registration is based on a first-come, first-served basis.

[To register \(virtual\)](#)

[To register \(in person\)](#)

For more information, please click <https://iacapap.org/news/wicamhd-2025-symposium.html>.



# The 65th Annual Meeting of The Japanese Society for Child and Adolescent Psychiatry: Advancing Child Psychiatry and Connecting it to the Future

By: Dr. Kentaro Kawabe

Conference director-general of the 65th Annual Meeting of the Japanese Society for Child and Adolescent Psychiatry, Associate Professor of Department of Child Psychiatry, Ehime University Graduate School of Medicine.

The Japanese Society for Child and Adolescent Psychiatry (JSCAP) is a multidisciplinary professional association of child and adolescent psychiatry established in 1960, with 4,398 active members including 2,611 psychiatrists, 413 pediatricians, 783 psychologists, and 269 school teachers. The annual meetings are held around the country every year. The 65th meeting was held in Matsuyama, Ehime, Japan, on October 17-19, 2024, convened by the conference president Shu-ichi Ueno and vice president Fumie Horiuchi (Figure 1).

Our theme this year was "Advancing child psychiatry and connecting it to the future." More than 1,800 attendees were welcomed to the conference, including on demand. The preparation period for the annual meeting was relatively long, we had spent around two years preparing for this exciting event. A lot of JSCAP members including clinicians and researchers applied to present various symposia and lectures, as well as oral and poster presentations at the meeting. The number of applications fortunately exceeded our expectations.



Figure 1: The executive committee members of 65th annual meeting and JSCAP  
The front row: JSCAP president Prof. Takashi Okada (fourth on the right), conference president Prof. Shui-ichi Ueno (second on the left), conference vice president Prof. Fumie Horiuchi (first on the right), and conference director-general Dr. Kentaro Kawabe (first on the left).

There were 3 invited lectures and 7 academic lectures, 12 symposiums by open recruitment and 9 by committee, 110 oral and 90 poster presentations, and 5 case conferences. For example, the title of one of the invited lectures was "Team Management" by Takeshi Okada, a former manager of the Japanese national soccer team for the World Cup. The symposiums focused on several topics of growing concern in child and adolescent psychiatry including: Eating disorders including Avoidant/Restrictive Food Intake Disorder, Autism Spectrum Disorder, Substance Abuse, Complex Post-traumatic Stress Disorder, Sexual

Victimization, Bullying and Suicide. The case conferences were focused on clinical practice lasting two hours for presentation and discussion. Professional child psychiatrists (Dr. Kazuhiko Saito, Dr. Shozo Aoki, Dr. Mari Kasahara, Dr. Futoshi Suzuki, and Dr. Satoshi Oishi) had supervised these sessions and around 200 attendees in each, and all the case conferences were fascinating. On the gala dinner at the second day, the musical performance such as piano, guitar, flute, saxophone, and drums by executive committee members generated a great deal of excitement (Figure 2).



*Figure 2: The musicians among the executive committee members opened the performance with a powerful rendition in gala dinner*





Figure 3: Closing Ceremony with members of the Department of Neuropsychiatry and Department of Child psychiatry, Ehime Graduate Ehime University Graduate School of Medicine, Ehime Rehabilitation Center for Children, and Ehime University Hospital.

The meeting was successful, we would like to thank to all the attendees, collaborators, especially to the entire staff at the Department of Neuropsychiatry and Department of Child Psychiatry, Ehime University Graduate School of Medicine, Ehime Rehabilitation Center for Children, and Ehime University Hospital (Figure 3). We would like to add that the essence of IACAPAP is packed into this Japanese annual meeting. We actively encourage our members to attend the 27th World

Congress of the IACAPAP in Germany in July 2026, and develop partnerships with all member associations of the IACAPAP.

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



# An Interview with IACAPAP International Contribution Award 2024 Winners

By: Dr. Rajesh Mehta, Child and Adolescent psychiatrist, Children's Hospital of The King's Daughters, Norfolk, Virginia, United States.

The IACAPAP International Contribution Award is sponsored by the Korean Academy of Child and Adolescent Psychiatry (KACAP) and is presented by IACAPAP to recognize the accomplishments of a senior individual who has made outstanding contributions to child and adolescent mental health (CAMH) in the developing world. The award underscores the contributions of the individual to services development, research and/or teaching in Low or Middle-Income countries.

The winner of the International Contribution Award 2024 is:

1. Dr Alexandra Murray Harrison, United States
2. Dr Rajesh Sagar, India
3. Dr Pedro Kestelman, Argentina

## Interview with Dr Alexandra Murray Harrison

**1. Reflecting on Your Journey: Can you share some of the key highlights of your career in child and adolescent mental health, including any defining moments or experiences that shaped your path?**

A key highlight was my experience in the Boston Change Process Study Group, where I studied infant research and learned about the critical importance of the first 1000 days of life and how infant-caregiver relationship forms the foundation of the future success of the older child and adult that the infant will become. I became proficient in analyzing videotape and began to bring this new knowledge and skill to orphanages in El Salvador and then student nurses in North India.

Another highlight was introducing the Newborn Behavioral Observation, a tool designed to support the infant-caregiver relationship, to my colleagues in Pakistan. During the pandemic my Pakistani colleague onsite administered the NBO, with me coaching her remotely, to mothers and infants from the villages. The trial was a great success and formed the basis for teaching an adapted infant parent mental health curriculum ("Building Baby Brains") to Lady Health Workers in rural Pakistan. I continue to meet with these remarkable women in monthly mentorship groups.



Figure 1: Picture taken at the 26<sup>th</sup> World Congress of the IACAPAP in Rio, Brazil - Dr Alexandra Murray Harrison, Dr Myron Belfer and Dr Luis Rohde (from left to right).

The last highlight I will mention is my return to El Salvador to collaborate with a local institution to create a residential program for young pregnant teens in which we care for them and their infants during the pregnancy, delivery, and the neonatal period. What I am continuing to learn about resiliency from these young girls and their infants is challenging my psychoanalytic and developmental science theories and challenging me to open my mind to alternative theories that enrich my work as a clinician and a teacher.

## 2. Advice for Early Career Professionals: What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?

I would advise early-career mental health professional to include

experiences treating children and families from low-resource, high-risk communities, especially families from cultures other than your own, in your clinical practice. I would also encourage young professionals to learn some basic tools of research--quantitative or qualitative--to demonstrate the effectiveness of your therapeutic work.

## 3. The Role of Mentorship: How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?

Mentors have always played a big role in my life, from my undergraduate years, through medical school and psychiatric and psychoanalytic training. In turn, I value mentoring young people. In fact, mentorship is one of the important missions of my nonprofit, Supporting Child Caregivers.



#### **4. Impact of IACAPAP: How has IACAPAP influenced your career?**

I have enjoyed IACAPAP conferences, but most of all, I appreciated the honor of receiving the International Contributions award.

#### **5. Future Directions: Looking ahead, what do you believe are the most pressing challenges or exciting opportunities in child and adolescent mental health globally?**

I think the most pressing challenges are 1) studying and facilitating the implementation of preventive infant and child mental health practices; 2) combatting gender bias in traditional cultures; and 3) funding initiatives in global child mental health.

#### Interview with Dr Rajesh Sagar

#### **1. Reflecting on Your Journey: Can you share some of the key highlights of your career in child and adolescent mental health, including any defining moments or experiences that shaped your path?**

My career in child and adolescent psychiatry has been both transformative and deeply fulfilling. My passion for mental health emerged early in my medical training when I realized the significant impact of mental well-being on individuals, families, and society. One of the most

defining moments in my journey was recognizing, on the one hand, the huge population of children & adolescents in India (more than 40%) and the highest in the world, along with tremendous diversity. On the other hand, the critical gaps in India's child and adolescent mental health services, a realization that motivated me to advocate for policy reforms, raise awareness, and improve mental healthcare accessibility.

In the early days of my career, India had very few trained child and adolescent psychiatrists, and services for this age group were largely fragmented and inadequate. A major barrier to progress was the deep-rooted stigma surrounding mental health, which discouraged individuals and families from seeking help. During my residency at NIMHANS, Bengaluru, the country's premier institute, I received specialized training in child and adolescent psychiatry, and I recognized that child & adolescent mental health requires a unique skill set and individualized care approaches. The need for multidisciplinary interventions and community engagement became evident as I worked with children facing developmental and psychological challenges.

As a faculty member at AIIMS Delhi, another premier institute, I have trained future psychiatrists and collaborated with the government to shape child and adolescent mental health policies. Witnessing the effects



*Figure 2: Picture taken at the 26<sup>th</sup> World Congress of the IACAPAP in Rio, Brazil - Dr Rajesh Sagar, Dr Myron Belfer and Dr Luis Rohde (from left to right).*

of neurodevelopmental disorders and childhood trauma, I became committed to addressing root causes rather than just symptoms. I played a crucial role in establishing inpatient psychiatric services for children at AIIMS and contributed significantly to India's National Mental Health Program. My contributions laid the groundwork for a structured approach to child and adolescent psychiatry in India, helping to bridge the gap between policy and practice.

Over the years, I have worked extensively on national and international projects, contributing to research, policy-making, and capacity-building efforts. My leadership has had a direct impact on mental health strategies in India. My work underscores the importance of a global perspective in addressing mental health challenges, as cross-border collaboration and knowledge exchange have proven vital in

shaping best practices. My IACAPAP International Contribution Award is not only a personal honour but also represents the progress of India's child and adolescent mental health sector on the global stage.

## **2. Advice for Early Career Professionals: What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?**

I offer three fundamental lessons for those entering the field of psychiatry. The actual impact is achieved through interdisciplinary teamwork involving educators, policymakers, and community leaders. Holistic mental health solutions require engagement across healthcare, education, and social services. Mental health advocacy often encounters resistance and slow policy change, but meaningful progress requires

patience and long-term commitment. Professionals must push forward despite obstacles to ensure mental health remains a national and global priority. Psychiatry is an ever-evolving field requiring professionals to stay updated with emerging research, treatment modalities, and best practices. Clinical practice, research, and policy advocacy must all be informed by the latest scientific knowledge. My approach has reinforced the significance of evidence-based strategies in advancing mental health care.

Many young professionals worry about limited resources or lack of opportunities. I advise them to focus on leveraging existing resources innovatively. I encourage connecting with like-minded individuals to build strong professional networks that foster growth and change.

### **3. The Role of Mentorship: How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?**

I acknowledge that mentorship has played a critical role in shaping my career. I believe great mentors are essential for the next generation of child psychiatrists. I also emphasize the need for young professionals to embrace a learning mindset, recognizing that mental health care requires continuous adaptation to societal changes.

Beyond providing academic and professional guidance, a good mentor inspires curiosity, encourages independent thinking, and offers emotional support. Mentorship is a two-way learning process—while mentors offer experience and wisdom, mentees provide fresh insights. I believe in setting an example for mentees by tackling challenging tasks myself, demonstrating resilience and dedication. This approach helps young professionals gain confidence to take on complex mental health issues. Exposure to diverse perspectives and fields has helped me understand mental health from policy, research, and clinical angles. I emphasize critical thinking, research involvement, and a supportive environment for innovation as vital elements of mentorship. This philosophy has contributed to the development of a new generation of psychiatrists who are equipped to address emerging mental health concerns with a forward-thinking approach.

### **4. Impact of IACAPAP: How has IACAPAP influenced your career?**

IACAPAP has provided a global platform for knowledge exchange, international collaborations, and policy advocacy. The organization has been instrumental in advancing child and adolescent mental health in low- and middle-income countries. IACAPAP's role in crisis interventions, such as conflict zones and

humanitarian crises, has been particularly impactful. The organization has developed free training resources for child and adolescent psychiatry trainees. Through this association, I have been able to highlight India's unique mental health needs, advocate for culturally appropriate interventions, and learn from global best practices that can be adapted to the Indian context. Presenting symposiums at IACAPAP congresses and engaging with experts worldwide have broadened my perspective on effective mental health interventions for Indian communities both within the country and in the global diaspora.

I see organizations like IACAPAP as catalysts for meaningful change, ensuring that child and adolescent mental health remains a priority on the international agenda.

##### **5. Future Directions: Looking ahead, what do you believe are the most pressing challenges or exciting opportunities in child and adolescent mental health globally?**

Emerging challenges in child and adolescent mental health include increasing mental health disorders in youth, including anxiety, depression, and self-harm. The impact of digital technology on young minds, both as a risk factor and a potential intervention tool, must be addressed. A lack of integration of child and adolescent mental health services into primary healthcare and

education systems remains a critical issue. Expanding technology-driven interventions can enhance access to mental healthcare services. AI and telepsychiatry can help reach underserved populations. Strengthening grassroots programs for early intervention and awareness is essential. Training teachers, parents, and healthcare workers can create support networks for children. My insights highlight the urgent need for comprehensive, technology-driven, and community-based mental health initiatives to tackle the evolving challenges faced by today's youth.

Sharing best practices internationally can help improve treatment strategies and policy frameworks. Partnerships between governments, academic institutions, and organizations like IACAPAP can drive progress. I envision a holistic, preventive, and culturally sensitive approach to child and adolescent mental health. My work aims to reduce stigma, expand access, and ensure quality mental health care for all children. My vision aligns with IACAPAP's mission of resilience and well-being for children worldwide. I remain a vocal advocate for sustained investment in mental health, calling for increased research, better funding, and greater collaboration across sectors to ensure lasting progress.





Figure 3: Picture taken at the 26<sup>th</sup> World Congress of the IACAPAP in Rio, Brazil - Dr Pedro Kestelman, Dr Myron Belfer and Dr Luis Rohde (from left to right).

### Interview with Dr Pedro Kestelman

#### **1. Reflecting on Your Journey: Can you share some of the key highlights of your career in child and adolescent mental health, including any defining moments or experiences that shaped your path?**

The experiences that most marked me in my training and throughout my career were those at the two pediatric hospitals in Buenos Aires (R. Gutiérrez and J.P. Garrahan). In those settings, I had the opportunity to work with patients with severe psychiatric and organic pathology.

Very early on, I had to coordinate the psychiatric inpatient unit. Due to administrative issues, we faced the challenge of not having a dedicated ward for our patients' hospitalization. This led my team and me to develop a new model of hospitalization:

psychiatric hospitalization in a general ward. The contact and care of the patients and their families had to be much closer, which resulted in more intense experiences and significant learning. I discovered that obstacles could serve as an incentive for growth and creativity.

I must also mention the profound influence of my experience at the Western Psychiatric Institute and Clinic (University of Pittsburgh) under the guidance of my dear teacher and friend, Boris Birmaher, on my subsequent professional development.

#### **2. Advice for Early Career Professionals: What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?**

I believe that the foundation of

knowledge in our discipline is clinical work. Engaging deeply with our patients, prioritizing their needs, and helping them overcome obstacles that hinder their development of a full life should be our primary focus. This transcends any theoretical framework or technical knowledge we acquire. Our commitment must be to our patients, not just to the knowledge we have gained. From this, we will be able to further develop and acquire new insights. This initial foundation of intense clinical experience will serve as a compass, guiding us toward the crucial areas we need to explore more deeply.

In an era of rapid changes—whether under the “shadow” or “light” of AI—I believe that the human experience of clinical work remains irreplaceable, at least within the foreseeable future.

### **3. The Role of Mentorship: How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?**

While deep and broad training in our discipline is essential for a mentor, I believe that their human qualities and interpersonal skills are just as fundamental. These attributes are not merely complementary but are vital tools for guiding young colleagues on their professional journey.

Our discipline revolves around human interaction, with all the

complexities it entails. The emotional impact of these interactions requires skills that must be learned and cultivated. In this regard, the mentor’s role is just as crucial as their ability to guide treatments and provide scientific and bibliographic support.

I also believe—and this was my own experience—that sometimes, one may not have a single mentor figure. In such cases, the curiosity and creativity of the aspiring psychiatrist, along with a continuous search for knowledge, will enable them to engage with multiple experienced colleagues. These individuals, though not formal mentors, can still contribute significantly to professional development. The proactivity and creativity of the junior psychiatrist are invaluable tools. Sharing experiences and discussing cases with colleagues not only improves patient outcomes but also enhances learning.

### **4. Impact of IACAPAP: How has IACAPAP influenced your career?**

Although I had known about IACAPAP for decades, my active engagement with the organization intensified while I was deeply involved in our national association, AAPI. As President of our institution, I came to appreciate IACAPAP’s support whenever it was needed—whether for our congresses or in response to the economic challenges our country has faced.

The scientific contributions through

webinars are invaluable for the continuous education of our colleagues. We are committed to making these resources more dynamic to enhance accessibility for the majority of our members.

The global exchange fostered by IACAPAP's activities reaches its peak during the congresses, which are of the highest academic standard.

At the most recent congress in 2024 in Rio de Janeiro, I had the privilege of receiving the International Contribution Award. Beyond the immense personal satisfaction at this stage of my career, this recognition affirmed the democratic and transparent values that I believe the Association should take pride in.

##### **5. Future Directions: Looking ahead, what do you believe are the most pressing challenges or exciting opportunities in child and adolescent mental health globally?**

In child and adolescent psychiatry, we are witnessing two opposing phenomena: a sharp increase in the demand for care for severe psychiatric conditions and a shortage of child psychiatrists. This presents both a challenge and an opportunity—to expand training and educate professionals with a broad understanding of the child and their family, considering social, cultural, and educational factors alongside advances in neurobiology, psychopharmacology, and genetics. Training in psychotherapy is also of great importance.

The development of preventive programs for both longstanding and emerging pathologies—many of which are exacerbated by technological advancements—will be essential (e.g., addictions, gaming disorders, etc.). Additionally, large-scale initiatives in collaboration with other professions and governmental support will be crucial to integrating marginalized children and adolescents into society.

Finally, another significant challenge will be the integration of new technologies, including AI, which will not only reshape various professions but also fundamental aspects of culture and human existence. Understanding and addressing these changes—already unfolding—will be an unavoidable task for our field.

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# Early Intervention and Rehabilitation Centre for Children in Mumbai, India: A Journey from Diagnosis to Rehabilitation

By: Dr Purna Khar<sup>1</sup>, Dr Vinyas Nisarga<sup>2</sup>, Dr Swati Shelke<sup>2</sup>, Dr Henal R Shah<sup>3</sup>, Dr Surbhi Rathi<sup>4</sup>

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## Introduction

In India around 11 million children in the age group of less than five years are affected by developmental disorders as per the Global Burden of Disease survey.<sup>1</sup> The age group of 10-19 years contributes to the highest percentage of disability which is 17%, and 1.2% belong to the age group of 0-6 years.<sup>2</sup> Unfortunately, fewer than 1% of children and adolescents are able to get treatment for their mental health in India.<sup>3</sup> Sourander A et al. (2018) reported that India had just 0.02 child and adolescent psychiatrists for every 100,000 children aged 14 years or younger.<sup>4</sup> The numbers drop down further for children with neurodiversity or disabilities. Research has time and again reiterated that interventions

provided at the early stages of development have proven to be extremely effective in catering to developmental challenges of children with special needs, thereby enhancing their quality of life.

## Conception of the Early Intervention and Rehabilitation Centre for children (EIRCC), Mumbai

Around 6% of children are born with birth defects, and 10% face developmental delays, which can lead to permanent disabilities without timely intervention.<sup>5</sup> To address this, the Ministry of Health and Family Welfare, Government of India launched the 'Child Health Screening and Early Intervention Services' under the National Rural Health Mission,



establishing District Early Intervention Centres (DEICs) for children aged 0-6 years.<sup>6-11</sup>

Very few District Early Intervention Centres (DEICs) have been allotted to the state of Maharashtra, which mostly provide services to children only in the age group of 0-6 years. Though the district of Mumbai has a huge population, there is no DEIC to cater to neurodiverse children. Thus, the Early Intervention and Rehabilitation Centre for Children (EIRCC) was started by the Municipal Corporation of the city of Mumbai. Affiliated to B.Y.L. Nair Charitable Hospital and Topiwala National Medical College, Mumbai, this facility not only provides rehabilitation but also offers research and training opportunities, setting a benchmark for other DEIC centers. The EIRCC is an all-inclusive centre delivering a broad spectrum of evidence-based therapies, interventions, and support services to children facing developmental challenges and disabilities.

The centre, housed in five-storeyed building spanning 35,000 square feet, was proposed in 2018, with the first phase completed in 2023. Catering to children from 0 to 18 years of age, EIRCC provides its services entirely free of cost, ensuring accessibility to early intervention and rehabilitation support. Each floor of the building is designed with a unique child-friendly theme, creating a soothing and engaging environment to make the experience comfortable and less intimidating for children. Currently, the team includes a

Pediatric Neurologist, Neurodevelopmental Pediatrician, three Child Psychiatrists, two Pediatric Ophthalmologists, two ENT specialists, five speech therapists, seven occupational therapists, seven physiotherapists, three special educators, five psychologists, three dentists, two Orthopedicians, and two community developmental officers, all having additional training in working with children and adolescents with special needs.

By employing an integrated, interdisciplinary, and multidisciplinary approach, the center ensures that each child receives well-coordinated, comprehensive, and personalized care that addresses their unique needs holistically. Unlike other DEICs that typically serve children aged 0-6, this facility offers free rehabilitative services to children with special needs from birth to 18 years, following referrals from various hospitals, health centres and private clinicians.

The entire center is designed in order to be child and disability friendly. It operates on a stratified step-care model and stands apart from public hospitals by focusing on quality over quantity, allocating between 45 minutes to one hour per session. With all therapies provided under one roof, it serves as a one-stop destination for families seeking comprehensive care.

As of February 2025, the center has provided support to approximately 2,500 children with special needs, delivering

around 45,000 specialized therapy sessions tailored to their requirements. In its second phase, plans include introducing additional services such as aqua-therapy, gait analysis lab, animal-assisted therapy, BERA testing, telemedicine support for remote centers, remedial education for children with learning disabilities, and an auditorium for therapy programs and specialist training. These enhancements have been approved by the Municipal Corporation of the city, with the necessary budget allocated, and are expected to be completed within the next year.



Figure 1: Early Interventions & Rehabilitation Centre for Children

**Function of various departments at EIRCC (Table 1)**

**1. Paediatric Department:** Screening, assessment, diagnosing and treatment of developmental delays,

seizures, neurological, neuromuscular, and genetic disorders.

**2. Audiology and Speech Therapy Department:**

Assessment and management of speech, language, communication, fluency and articulation difficulties, Oro-sensory and Oro-motor deficits, feeding and swallowing difficulties and screening of hearing and audiological testing.

**3. Occupational therapy Department:**

Assessment and management of neurodevelopmental and sensory integrative dysfunction. Assessment for orthotic, splintage and adaptive devices and training in activities of daily living. Focuses on improving fine and gross motor skills, sensory processing, co-ordination and attention span.

**4. Physiotherapy:**

Assessment & management of posture, balance, co-ordination, range of motion, muscle tone and muscle strength. Training for gait, motor skills and pain relief.



Figure 2: Physiotherapy Department at EIRCC

**5. ENT Department:** Screening of hearing loss and management of various ENT disorders such as chronic/ recurrent ear infections, hearing loss, speech delays, nasal congestion, tongue tie, tonsil pathologies and respiratory issues, which are common in children with special needs.

**6. Ophthalmology Department:** The department conducts visual screening, assessments and manages refractive errors, glaucoma, and cataracts. It provides therapy for binocular vision issues, amblyopia, and strabismus. Evaluation for orthoptics and offers low vision aids to enhance visual function for children with special needs.

**7. Dental Department:** Addresses issues related to teeth, gums and oral hygiene offering complete orofacial prevention, restorative and surgical treatment such as dental filling, root canals, crowns, replacement of teeth.

**8. Orthopaedics Department:** Specialized assessment and management of bone defects, fractures, and disorders in children with special needs. Correctional surgeries for bone and spinal deformities, treatment of clubfoot, bone injuries, joint infections, neuromuscular disorders, and limb malformations. Tailored care to address the unique orthopaedic needs of children with disabilities, ensuring better mobility and quality of life.



Figure 3: Occupational Therapy Department at EIRCC

**9. Community Development Officers:** They play a key role in facilitating social interventions, enrolling special needs children in government schemes, providing guidance on financial support for their families, and fostering integration of special needs children in the community.

### Functioning of the Department of Psychiatry at EIRCC

The Psychiatry Department at EIRCC, Mumbai, India, provides comprehensive assessment and management for children with special needs in a holistic manner, using a stratified stepped care model emphasizing right care from the first time. Upon visiting, a Psychiatrist screens for emotional, cognitive, behavioral, and psychological issues, with reassessment of neurodevelopmental disorders to prevent misdiagnosis due to underlying behavioural or psychiatric issues. The child is then referred to a clinical psychologist for psychological

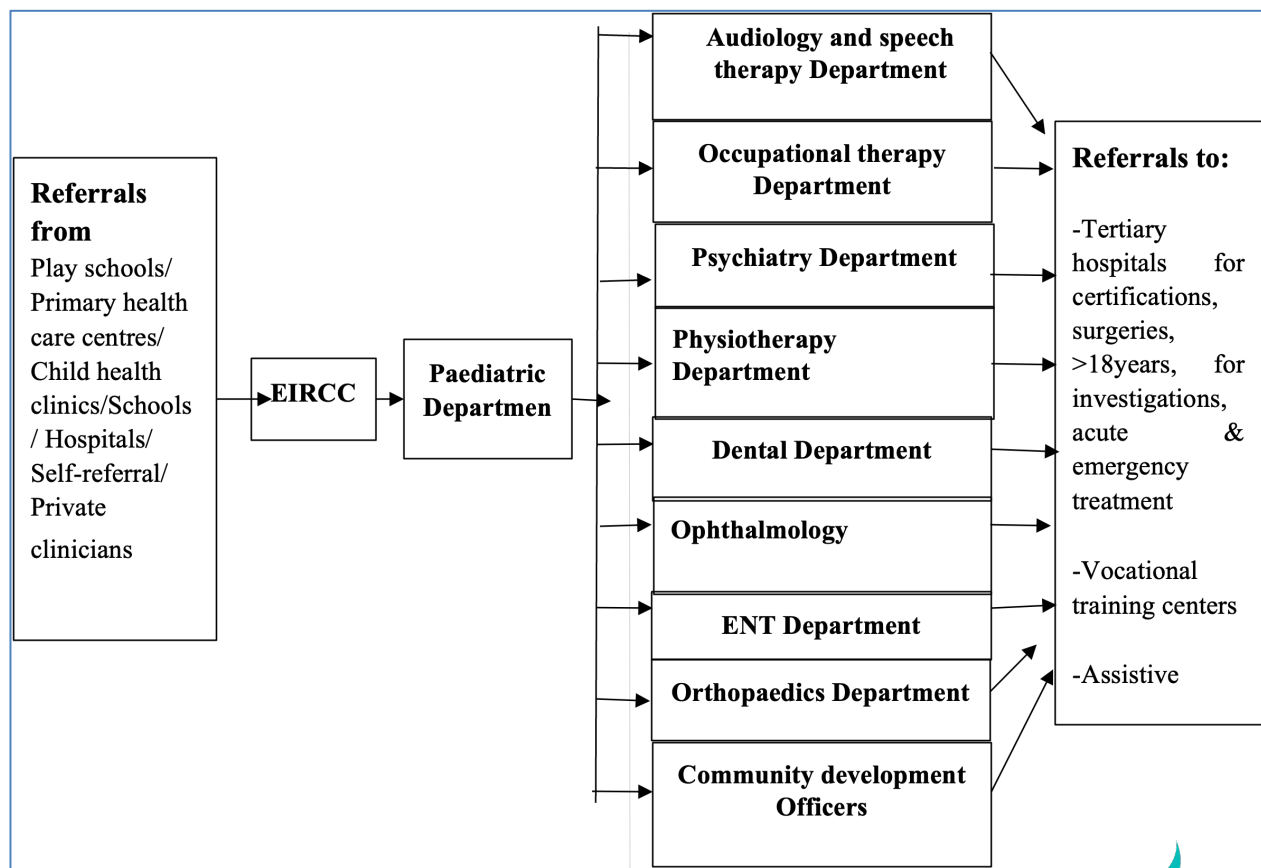


Table 1: Flowchart outlining the process of flow of children and young people in the centre

evaluations, including assessment of caregiver burden and the parent-child relationship. After completing the assessments, the child and parents receive care from either the same psychiatrist or a counseling psychologist for management through medications and therapy. Additionally, the child is referred to a special educator for assessment, development of an individualized education plan, and to support the child's educational progress.

Weekly meetings are held to review treatment progress, address any challenges, discuss further referrals, and plan for the weaning or discontinuation of treatment. Collaboration occurs with

the child's school and local therapists or clinicians (if applicable) to ensure everyone is aligned with the management plan. Parents of children with ADHD, autism, and intellectual disabilities are offered parent management therapy sessions to assist them in managing their children more effectively, while also assessing and addressing caregiver burden. Parent-child interactions are evaluated and parents encouraged to enhance attachment through parent-child interaction therapy. Additionally, group therapies have been started for children with ASD and ADHD to enhance their social, emotional and play skills. For children and adolescents requiring acute





Figure 4 - 6 (clockwise): Department of Psychiatry at EIRCC

care, admission, disability certification, or care after turning 18, referral to a tertiary parent hospital is arranged.

## Conclusion

India, previously focused on acute management, is now gradually moving towards early intervention and prevention, along with rehabilitation, in Psychiatry and other medical fields. As one of the few public-sector centres in India, EIRCC serves as a model for training specialists and guiding similar centres. Two more centres are being developed in Mumbai, but given the country's population burden, expanding such facilities with trained specialists is

crucial. Tertiary care centres can play a key role by establishing and supervising these centres, ensuring administrative support, and advancing research in the field.

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 **IACAPAP**  
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Adolescent Psychiatry and Allied Professions

## 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 the March 2025 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - Cannabinoids for treating psychiatric disorders in youth: a systematic review of randomized controlled trials (Köck et al., 2024), The apple does not fall far: stable predictive relationships between parents' ratings of their own and their children's self-regulatory abilities (Kneidinger et al., 2024), and Predictors of treatment outcome in higher levels of care among a large sample of adolescents with heterogeneous eating disorders (Reilly et al., 2024).

Review | [Open access](#) | Published: 18 December 2024

### Cannabinoids for treating psychiatric disorders in youth: a systematic review of randomized controlled trials

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[Patrick Köck](#), [Andrzej Badek](#), [Maximilian Meyer](#), [Arndt-Lukas Klaassen](#), [Marc Walter](#) & [Jochen Kindler](#) ✉

[Child and Adolescent Psychiatry and Mental Health](#) **18**, Article number: 158 (2024) | [Cite this article](#)

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Köck et al., (2024) discuss the increasing use of medicinal cannabis (MC) for mental health conditions in the context of a global trend towards relaxing regulatory restrictions. They set out to evaluate the impact of cannabinoids on mental health outcomes and their safety in children, adolescents, and young adults by focusing on RCTs. They describe the endocannabinoid (EC) system and the pharmacokinetics and pharmacodynamics of tetrahydrocannabinol (THC) and cannabidiol (CBD).

The authors conduct a systematic review of randomized controlled trials (RCT)

conducted in human samples (until a maximum mean age of 25 years) where cannabinoids have been used for therapeutic purposes in the field of child, adolescent, and transitional age psychiatry published until 30th of June 2024 following the PRISMA guidelines. They conduct electronic searches on PubMed, Europe PubMed Central and EMBASE databases for their study. They use the Cochrane Risk of Bias 2 (RoB 2)-tool and assessment guidelines for analysis of risk of bias. They consider pre- and post-intervention measures and effect sizes as primary outcomes and dosages and adverse events as secondary outcomes. They conduct a



meta-analysis for effect sizes of primary outcomes. They carry out subgroup analyses by treatment type, study duration (short- vs. long-term), and clinical indication. They use  $Q$ -statistics,  $I^2$ , and  $\tau^2$  to assess heterogeneity and correlation coefficients ( $r = 0.3, 0.7$ ) for sensitivity analyses. They use R packages, including 'correlation' (Spearman rank), 'ggplot2' (visualization), 'dplyr,' and 'tidyr' (data processing) for analyses of dosage-effect and age-effect relationships. They also analyse age-stratified variations controlling for confounders.

The team identifies 7603 records, of which eight independent clinical trials (reported in nine publications) met the pre-established eligibility criteria, comprising 474 unique participants (245 treatment, 229 control). They report a modest positive overall effect for symptom improvement or normalization of brain physiology (Hedges'  $g = 0.308$ , 95% CI: 0.167, 0.448). Autism spectrum disorder studies showed the most consistent evidence ( $g = 0.264$ , 95% CI: 0.107, 0.421), while other conditions showed wider confidence intervals. Age-stratified analysis showed that adult populations (mean age 23.3 years,  $n = 5$  outcomes) demonstrated higher effect sizes ( $g = 0.463$ ,  $SD = 0.402$ ) compared to pediatric populations (mean age 11.8 years,  $n = 8$  outcomes;  $g = 0.318$ ,  $SD = 0.212$ ). Whole plant preparations ( $g = 0.328$ , 95% CI: 0.083, 0.573) and pharmaceutical cannabinoids ( $g = 0.292$ , 95% CI: 0.069, 0.515) showed comparable effects. CBD dosages

ranged from 17.5 mg to 600 mg per day, with no significant correlation between dosage and effect size ( $\rho = -0.014$ ,  $p = 0.963$ ). They report mild to moderate side effects but no serious adverse events. The risk of bias assessment ranged from low ( $n = 3$ ) to high ( $n = 5$ ).

The authors mention that this is the first review in the field of child, adolescent and young adult psychiatry assessing the RCTs of therapeutic use of cannabinoids. They conclude that there is a modest positive overall effect, and the use of cannabinoids is associated with few side effects and is generally well tolerated. However, they suggest that these results should be interpreted carefully due to the underlying heterogeneity in outcome measures, study populations, and intervention protocols. They add that varying approaches to outcome measurement and reporting strongly limit the evidential strength of their review. They suggest larger, well-controlled trials with standardized outcome measures to be conducted following a rigorous methodology, adequate sample sizes and longer-term follow-up.

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Research | [Open access](#) | Published: 03 October 2024[Click here to access the article](#)

## The apple does not fall far: stable predictive relationships between parents' ratings of their own and their children's self-regulatory abilities

[Johanna Kneidinger](#) , [José C. García Alanis](#), [Ricarda Steinmayr](#), [Silvia Schneider](#) & [Hanna Christiansen](#)

*Child and Adolescent Psychiatry and Mental Health* **18**, Article number: 125 (2024) | [Cite this article](#)

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Kneidinger et al., (2024) describe self-regulatory abilities emphasizing their importance in human development and functioning including academic achievement and socio-emotional development. They highlight and describe the role of executive function and delay aversion and their susceptibility to interpersonal dynamics between caregivers and children. They discuss the role of family environment and parental characteristics in the development of children's executive functions and the need to study this during the COVID-19 pandemic as parents additionally stepped in as surrogates for teachers.

The authors establish a context to study the relationship between how parents view their own self-regulation skills and their perceptions of their child's self-regulation. They set out to estimate the latent correlation between parents' assessments of their own and their children's executive functions and delay aversion and temporal stability of these ratings. They collect data from seven European countries through an anonymous digital survey (Leiner, 2024). For the present manuscript, they

exclusively analyze the German data subset, as Germany was the only country where data was collected across two measurement time points. They distribute the survey to parents through various channels during timepoint-1 (T1) -via social media, school blackboards, parent networks, and support groups, and by email invitations during timepoint-2 (T2). They recruit 1,767 parents at T1 (April 28th to November 1st, 2020) and 1,082 at T2 (December 6th, 2020, to February 25th). They exclude mismatched data, entries with errors, and parents with children aged older than 18 years, and analyse data from 1,655 participants at T1 and 537 participants at T2.

In addition to asking parents to rate their own and their children's self-regulatory skills by indicating their agreement or disagreement on a Likert scale of a series of statements, the authors use the abbreviated versions of Childhood Executive Functioning Inventory (CHEXI), Adult Executive Functioning Inventory (ADEXI), Quick Delay Questionnaire (QDQ) instruments for assessments. They use hierarchical structural equation models (SEM) to estimate the latent

correlation across multiple measurements and cross-lagged panel models to assess the directional influence of parents' initial ratings on their later scores.

The team reports the average age of the children was 11.45 years at T1 and 12.01 years at T2, female children constituted 47.92% of the sample at T1 and 47.67% at T2, the mean age of parents was 43.04 years at T1 and 43.73 years at T2, with females comprising 85.86% of the sample at T1 and 87.15% at T2. They report a substantial latent correlation ( $r = 0.48$ ,  $p < 0.001$ ) between parents' and children's executive function problems, indicating a shared variance of approximately 23%, and a latent correlation of  $r = 0.53$  ( $p < 0.001$ ) for delay aversion with significant within-timepoint and temporal stability. They found significant cross-lagged effects with parental executive functions at T1 predicting child executive functions at T2 ( $\beta = 0.16$ ,  $p = 0.005$ ) but no cross-lagged effects for delay aversion.

While mentioning that this is the first study to examine intergenerational connections longitudinally, the authors acknowledge its strengths - a large sample size, sampling multiple age groups and including both parents, timing of the study during school closures that can provide real-time insights, and studying both the constructs of executive function and delay aversion. They also acknowledge its limitations - reliance on parental self-report measures, not using extensive standardized, validated measurements,

and use of a correlational approach. They suggest future studies to incorporate multi-informant assessments, direct observations and neuropsychological testing and to explore the impact of other environmental factors to address these limitations. They conclude by emphasizing the role of family dynamics in shaping self-regulatory skills during childhood and adolescence. They highlight its clinical implications for interventions aimed at promoting positive developmental outcomes in children.

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Research | [Open access](#) | Published: 17 October 2024

## Predictors of treatment outcome in higher levels of care among a large sample of adolescents with heterogeneous eating disorders

[Erin E. Reilly](#) , [Sasha Gorrell](#), [Alan Duffy](#), [Dan V. Blalock](#), [Philip Mehler](#), [Harry Brandt](#), [Susan McClanahan](#), [Kianna Zucker](#), [Naomi Lynch](#), [Simar Singh](#), [Catherine R. Drury](#), [Daniel Le Grange](#) & [Renee D. Rienecke](#)

*Child and Adolescent Psychiatry and Mental Health* **18**, Article number: 131 (2024) | [Cite this article](#)

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Reilly et al., (2024) highlight the chronicity of eating disorders (EDs) and the role of higher levels of care (HLOCs) (including intensive outpatient program (IOP), partial hospitalization program (PHP), residential (RES), and inpatient (IP) psychiatric and medical stabilization treatment programs) for treating individuals EDs. They discuss the need for empirically driven approaches that can drive clinical decision making and to address the research gaps, they set out to study the effectiveness of different HLOCs. Treatments were provided at the IP, RES, PHP, and IOP levels of care.

The authors conduct a study to evaluate changes in self-reported ED symptoms, depression, anxiety, and objectively measured body weight in adolescents with transdiagnostic EDs during intensive treatment. They also test predictors of change in outcome variables (ED symptoms; depression; anxiety; body weight; binge eating episodes; self-induced vomiting), including anorexia nervosa subtype, psychiatric comorbidities, ED diagnosis, age, and severity of ED symptoms at admission. They recruit 1,971

participants aged 9–18 years ( $M = 14.84$ ,  $SD = 1.64$ ) who enrolled in an ED treatment center at one of 25 geographically distinct treatment locations across the United States. They use semi-structured interviews informed by the Diagnostic and Statistical Manual for Mental Disorders, 5th Edition criteria, Eating Disorder Examination Questionnaire (EDE-Q), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), a measure of percentage of estimated body weight for data collection at intake to treatment, first step-down to a lower level of care, and discharge from treatment (i.e., within 7 days of discharge) controlling for age at admission and length of stay.

The team uses the `r2glmm` package in R to estimate effect sizes, expressed as a partial R. They calculate the percentage of participants reporting reliable change in symptoms, we used the reliable change index (RCI) outlined by Jacobson and Truax. They use Bonferroni correction for determining the statistical significance threshold ( $0.05/17 = 0.003$ ) for the different models tested across aims. They also conduct post-hoc



analyses exploring the effect of geographical region of treatment site, coded as a dummy variable based on U.S. Census regions (e.g., Midwest; Northeast; South; West, with South as the reference group) controlling for levels of care within these analyses.

The sample comprised of mostly white (80.6%), cisgender females (85.3%) diagnosed with anorexia nervosa (60.6%). The total mean length of stay was 79.97 days (SD = 49.56 days), and the mean length of stay at each level of care ranged from 25.93 days for IP treatment (SD = 20.76) to 45.49 days in IOP (SD = 22.16). The authors report that participants at admission reported ED symptoms at levels that were around 1.5 standard deviations above adolescent community norms, endorsed a mean level of depressive symptoms in the moderately severe range and anxiety symptoms in the moderate range. They note a decrease in eating disorder symptoms (in 50% of the sample) and depression and anxiety (in 30% of the sample) from intake to discharge. Based on their predictor analyses, they suggest that psychiatric comorbidity, primary diagnosis, age, and eating disorder symptoms at admission consistently predicted treatment-related change, although patterns in findings varied across symptoms.

The authors mention that this is the largest study to date characterizing treatment outcomes in HLOCs for adolescent EDs. They also acknowledge its limitations - homogeneous (in gender, race, and ethnicity) sample

limiting generalizability of the results, lack of follow-up, use of self-report measures, and missing data. Overall, results indicated that adolescents demonstrated decreases in ED symptoms, anxiety, and depression over time, with the most consistent clinically significant benefit occurring for ED cognitive symptoms and weight, indeed the main indication for their admission. They conclude that adolescents enrolled in higher levels of care report clinical benefit; however, these effects are heterogenous, and a significant portion of individuals may not report reliable change in symptoms.

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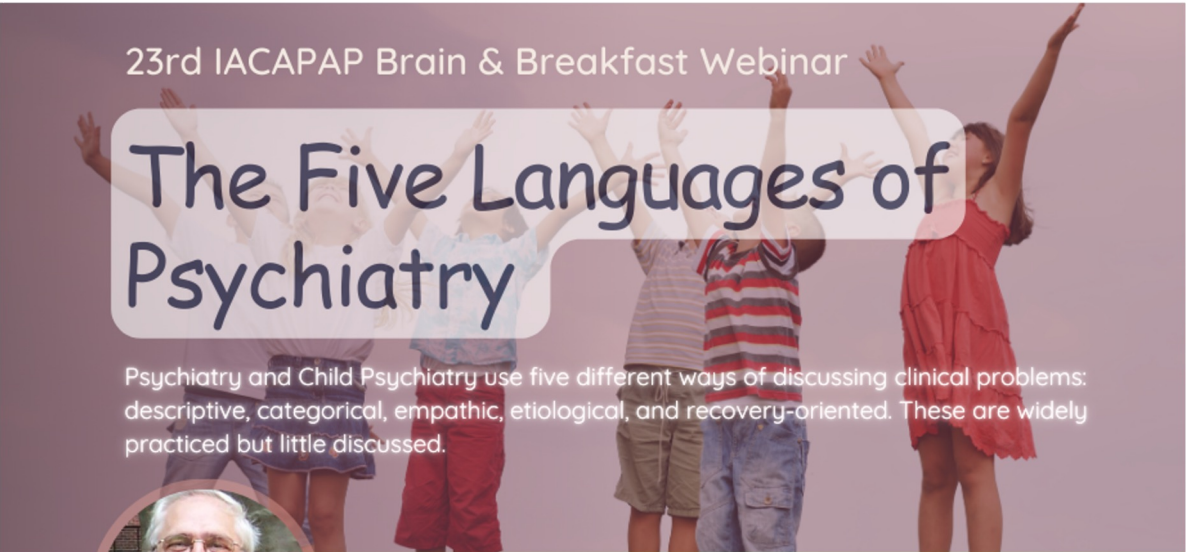
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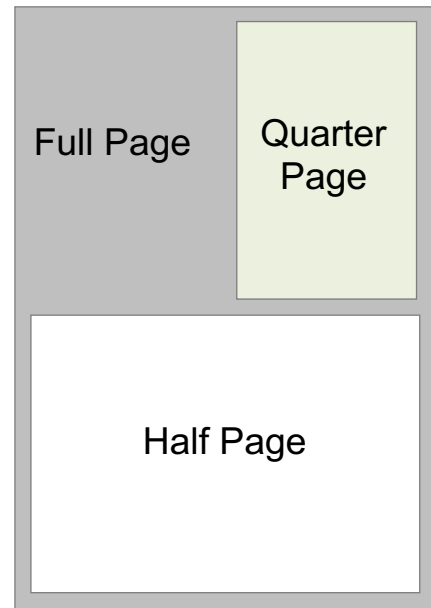
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Portuguese Association of Child and Adolescent Psychiatry, Portugal | Associação Portuguesa de Psiquiatria da Infância e da Adolescência (APPIA)

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

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

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

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

Section of Child and Adolescent Psychiatry of the Sri Lanka College of Psychiatrists (SLCAP), Sri Lanka

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

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

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