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# IACAPAP President's Message - March 2020

## Taking Care of our Children and Ourselves

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

As we prepared for the new year 2020, a new epidemic greeted the world originating from Wuhan, a small Chinese city relative to other Chinese cities. By the end of January, this outbreak of a novel corona virus, of the same family as cold viruses and the scourge of 2003, SARS (Severe Acute Respiratory Syndrome), was becoming a clear and present danger. In the days, weeks and months to follow, this outbreak became an epidemic in China and spread quickly across Asia badly affecting Japan and Korea and then to the rest of the world. A new world war had started. This was not a war of human proportions but a microscopic war against a new infectious enemy, whose mechanisms of actions, the way it spreads and kills, is largely unknown. Many governments reacted to this in a variety of ways. The Chinese government and many Asian governments, including Singapore, took extreme measures to try and contain this infectious threat with varying degrees of success. Other parts of the world were less consistent and the numbers, at the time of writing this piece, was frightening. More than 300,000 infected individuals and well over 16,000 deaths and no signs of abating.

You may wonder why I am giving you a summary of a pandemic since we are mental health professionals for children. This disease doesn't even affect children much and if the children are infected, recover quickly. There are 3 reasons for this:



IACAPAP President Dr Daniel Fung



Watch Dr Daniel Fung's Video Message [here!](#)

### Viruses are infectious but fear is far more contagious

The need for families to be prepared to deal with the psychological fall out of a pandemic is not to be underestimated. Many cities went into panic mode with buying and hoarding of food and other supplies by the population and worsened by irresponsible fake news on

social media. The use of the language of resilience instead of diagnosing illness is a powerful tool to help the young cope and manage the adversity of irrational fear and worry. Educating parents using coping strategies is an important aspect of our work as mental health professionals. Hesham Hamoda has come up with useful acronym [REMEMBER](#) and colleagues from all over the world rallied to translate it into 27 languages ([link to article](#)), Bruno Falissard has shared a simple 5 parenting tips for confinement situations adopted from French Society of Child and Adolescent Psychiatry and Allied Professions's guidelines.

## Public health is more important than traditional clinical services

The need for us to promote good practices such as handwashing and social distancing (which is essentially physical distancing) has psychosocial repercussions. The need for our teams to help families cope with stress rather than just treating illness requires a mindset change. The need to also support our fellow professionals and reduce burnout becomes pertinent as well. We may have to understand the psychological impact of the measures taken in the community to mitigate the infection and help the child and family cope better. Our role would change from

treatment to mental health and illness prevention. Various agencies have provide useful information to the public which we should be aware and use as necessary. Some examples are here from [Canada](#), [UK](#) and [USA](#).

## The key is to work beyond silos and across sectors

Collaboration with various sectors both within healthcare such as; family physicians and paediatricians along with child psychiatrists and allied professions working with children and outside of healthcare such as schools and social service agencies would be critical in this period. We cannot do mental health promotion and prevention of illnesses associated with traumatic events alone. Creating a

**Tips for Parents in Confinement Situations**

- Explain Inform**
  - Age-appropriate, honest and clear speech
  - Do not seek to hide or impose
  - Use verified sources of information (governments, major media, hospitals)
- Secure**
  - Reassure your child, remain realistic
  - Manage his emotions without (too much) sharing yours
  - Show that you're protecting yourself, teach him to do it
- Promote the group**
  - Everyone pays attention to each other: we are stronger together!
  - Maintain the link with the family (grandparents in particular)
- Pace daily life**
  - Organize points of reference while maintaining moments of "surprise"
  - Organize activities, including sports, cooking, etc.
  - Preserve moments of solitude despite promiscuity
  - Moderate the usual requirements (e.g. tidying up)
- Manage screens**
  - Maintaining contact through social networks is good, but knowing how to distance yourself from them is also important.
  - Moderation on movies, series or video games
  - Ban the permanent exhibition to news that are anxiety-provoking

referral process and a support system is helpful and could leverage on technology. This is perhaps the best time to trial out telehealth solutions. In addition, there is a need to create a curated repository of information and resources helpful in such times. One example is what the American Academy of Child and Adolescent Psychiatry has placed on their coronavirus resources [www.aacap.org](http://www.aacap.org).

We have existed in the last 82 years on the voluntary support of mental health professionals from around the world and with the escalating severity of the Covid-19 outbreak globally, I wanted to reach out to assure you that we remain totally committed to global child and adolescent mental health, as well as to share updates on our response. Our thoughts and hearts go to those who are affected by this outbreak and we appreciate our healthcare colleagues who are on the front line working hard to contain this virus so that we can be safe and resume our normal daily lives as soon as possible. We will use our website as a window to our activities and communication portal moving forward. Please write to us at [info@iacapap.org](mailto:info@iacapap.org) if you have any suggestions or ideas.

I want to end this message with a wish that we will continue to keep safe, protecting both the youths and families that we care for as well as ourselves as mental healthcare professionals. Please stay healthy and strong until we meet again face to face.

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## References

Sprang G, Silman M (2015) Using Professional Organizations to Prepare the Behavioral Health Workforce to Respond to the Needs of Pediatric Populations Impacted by Health-Related Disasters: Guiding Principles and Challenges. *Disaster Med Public Health Prep.* 2015 Dec;9(6):642-9. doi: 10.1017/dmp.2015.82. Epub 2015 Jul 6.

# “REMEMBER”: Surviving the Pandemic with your Children!

*By: Hesham Hamoda, MD, MPH, Staff Psychiatrist, Boston Children’s Hospital, Assistant Professor, Harvard Medical School*

*Illustrations by: Dr. Serag Eldin Kamel*



With cases of COVID-19 pandemic being reported by the [WHO](#) in 135 countries (likely to further expand), the lives of millions of children around the world have been impacted.

Are you feeling overwhelmed by the news? You are not alone! Here are some easy ways parents can support their children during these difficult times using the mnemonic “REMEMBER”.



1. **R**eassure them: Stick to the facts but also let them know that you will be there for them and you will keep them safe. Fortunately, available information at this time suggests children have [milder illness](#) if they contract the disease.

2. **E**mpower them: They have an opportunity to learn values of caring for others and thinking about their community. Have them write thank you notes or emails to front line healthcare workers (can be delivered latter), donate to relief efforts, call to check on elderly neighbors or slide a “thinking of you” note under their door.



3. **M**aintain your own calm: take your own pulse first! Children will imitate what you do not what you say. Self-care is important for [managing your own stress](#) and subsequently theirs.

4. **E**ngage them: this could be an opportunity to spend more quality family time at home! Keep them busy, play board games, watch movies or cook meals together, maybe have a family dance party to stay active?



5. **M**anage their emotions: give them the opportunity to ask questions, discuss their feelings about the pandemic and how it affects them. This is even more important if they are isolated from their friends and usual routines due to school closures. You do not need to always have an answer but being there to listen can go a long way. This may also be an opportunity to teach them relaxation techniques like [deep breathing](#) and [meditation](#).

6. **B**eware: media exposure can be overwhelming for children and may not always have accurate information.

7. **E**ducate them: this could be an opportunity to educate them about good habits like [hand hygiene](#) and covering one’s cough. Maybe an opportunity to interest them in science or helping careers like “how amazing it would be for a scientist to discovery a vaccine for this illness?”. “what an amazing job nurses are doing caring for the ill?” “Can you imagine how important the work of cleaners is in keeping us all safe these days?”.

8. **R**outines: Stick to those as much as you can. Things like family dinners, bedtime stories, home movie nights etc. Don't forget to also have them get some exercise at home and regularly hydrate. Get some fresh air in your home or backyard if you can!



## References and additional resources:

[NEJM: Detection of Covid-19 in Children in Early January 2020 in Wuhan, China](#)

[UNICEF: How to talk to your child about coronavirus disease 2019 \(COVID-19\)](#)

[CDC: Talking with children about Coronavirus Disease 2019: Messages for parents, school staff, and others working with children](#)

[CDC: Manage Anxiety & Stress](#)

[Stanford's Children Health: Teaching Kids to Wash Their Hands](#)

[SCETV: Talking to kids about the Coronavirus](#)

## Translations:

- [Albanian](#)
- [Arabic](#)
- [Bangla](#)
- [Chinese \(Traditional\)](#)
- [Czech](#)
- [French](#)
- [Georgian](#)
- [German](#)
- [Greek](#)
- [Gujarati](#)
- [Indonesian](#)
- [Italian](#)
- [Japanese](#)
- [Kannada](#)
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- [Thai](#)
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- [Urdu](#)
- [Vietnamese](#)

# Child and Adolescent Mental Health in Nepal

*By: Dr Arun Raj Kunwar, (MBBS, MD Psychiatry, Fellowship Child and Adolescent Psychiatry), Senior Consultant Child and Adolescent Psychiatrist, Head of Child and Adolescent Psychiatry Unit, Kanti Children's Hospital, Kathmandu, Nepal.*

*Dr Gunjan Dhonju, (MBBS, MD Psychiatry, Post Doctoral Fellowship Child and Adolescent Psychiatry), Consultant Child and Adolescent Psychiatrist, Child and Adolescent Psychiatry Unit, Kanti Children's Hospital, Kathmandu, Nepal.*

*Dr Utkarsh Karki, (MBBS, MD Psychiatry, Senior Resident DM Child and Adolescent Psychiatry, Department of Child and Adolescent Psychiatry, National Institute of Mental Health And Neuro Sciences (NIMHANS), Bengaluru, India.*

## BACKGROUND

Nepal is a country in South-east Asia that has a population of 30 million, of which more than 42% are children and adolescents. Nepal has recently undergone a decade long conflict, followed by major earthquake in 2015, along with yearly seasonal natural calamities. Being a country of great topographical and cultural diversities, Nepal is one of the Low and Middle Income Countries (LMICs) that has various challenges, among which mental health of the population remains marginalized. Child and adolescent mental health (CAMH) in Nepal is even more neglected, despite this segment comprising almost half of the population. Child and Adolescent Mental Health (CAMH) unit at Kanti Children's Hospital (KCH) has been providing CAMH services since 2015. This is the only full-time child and adolescent psychiatry outpatient clinic (CAP OPD) in Nepal. To date, there is no dedicated CAMH inpatient unit in Nepal. If a child needs admission to a hospital due to psychiatric illness, they are often accommodated in an adult psychiatric inpatient facility, which is against international standards and a violation of children rights.

Over the course of the last 4 years, CAMH unit at KCH has worked as the focal point for the development of CAMH services all over the country. We have been able to make steady progress in terms of service provided at the CAP OPD, as well as increase community outreach through various programmes. Our aim is to develop this unit to be a Centre of Excellence for CAMH in Nepal, not only providing exceptional clinical services, but also providing training and pioneering research.

Our team at CAP OPD at Kanti Children's Hospital is led by Dr. Arun Raj Kunwar (a child and adolescent psychiatrist) and comprises nine members. Other members are Dr Gunjan Dhonju (child and adolescent psychiatrist), Dr Jasmine Ma (MD Psychiatry, PhD Scholar), Dr Alok Jha (MD Psychiatry), Ms Sirjana Adhikari (Clinical psychologist), Ms. Isha Bista (Clinical Psychologist), Ms Narmada Devkota (Clinical Psychologist, PhD Scholar), Mr Rampukar Sah (Clinical Psychologist), Dr Romen Ranjit (MBBS, Masters in Public Health). Two other Psychiatrists (Dr. Utkarsh Karki and Dr Amit Jha) are currently in training in Child and Adolescent Psychiatry at NIMHANS, India.

## HISTORY OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN NEPAL

First Child Guidance clinic was established at Tribhuvan University Teaching Hospital in Kathmandu in 1998 and ran for half a day once weekly. In July 2015, the first full time child and adolescent psychiatry (CAP) OPD was established in Kanti Children's Hospital, under the leadership of Dr Arun Raj Kunwar. The OPD is still the only full time CAP service provider in the country. Almost half of the cases seen at the clinic come from outside the capital city of Kathmandu, including some from remote areas of Nepal.

- In the first 6 month of establishment the clinic provided services to more than 600 children and adolescents (C&A). In the year 2018 the clinic saw 2089 patients and that increased to 4503 in 2019.
- The services provided in the OPD include psychological and psychiatric assessments, consultation and treatments for children and adolescents with mental disorders, including those with developmental disorders (children with intellectual disability and autism).
- Liaison with other departments at KCH to provide consultation services and supervise their doctors / staff in how to take care of children with mental problems co-morbid with their existing physical problems.
- We also coordinate with schools and community services, through letters and recommendations to assist the child and adolescents with mental health issues.

## TELE-PSYCHIATRY FOR CAMH SERVICES

At CAP OPD many children and adolescents are brought from remote areas of Nepal (for some it may take up to 5 days to come to Kathmandu). These cases are currently managed and followed by Telephone-Psychiatry.

- Telephone-Psychiatry: Nepal has high penetration of mobile phones. For patients coming from remote areas who would require monitoring and follow up, we provide them dedicated phone numbers which they can call for follow up and emergencies.
- Tele-Video Consultations: Recently we have started Tele-Video consultations at a child care home in the Kavre district (about 50 Km away) where C&A can have direct consultations with the members of our team. This helps to reduce travel time and cost, and helps to reach more children in need.
- We plan to extend more Tele-Psychiatry consultations all over Nepal in coming years.

## ESTABLISHMENT OF THE FIRST CAMH INPATIENT UNIT



**CAP Team and In-patient Unit construction site visit by Hon. Norwegian International Development Minister Mr. Dag-Inge Ulstein.**



**CAP Team and In-patient Unit Construction site visit by president of IACAPAP Prof. Dr. Daniel Fung**

By the end of this year, the construction of a separate building for Child and Adolescent Psychiatry Unit within KCH will be completed. This will be the first complete CAP unit in Nepal that will provide inpatient as well as OPD services.

## **ACADEMIC PROGRAMS AND SEMINARS**

- *Continuing Medical Education (CME) at KCH:* Regular CMEs have been conducted by the Child Psychiatry OPD once a month. This is provided to the entire KCH staff and has helped to increase awareness of CAMH to other doctors and staff at KCH.
- *An International Conference on Child and Adolescent Mental Health Nepal 2018 (ICCAMHN 2018).* An International Conference on Child and Adolescent Mental Health Nepal 2018 (ICCAMHN 2018) was held in Kathmandu on 2-3 Nov 2018. The conference theme was “mental health for all children and adolescents”. It was conceptualized and organized in collaboration with the highest levels in



**International Conference on Child and Adolescent Mental Health Nepal 2018. Ceremony attended by Hon. State Minister of Health and Population Dr. Surendra Kumar Yadhav (centre).**

the Government of Nepal. The Closing of this conference was attended by Hon. State Minister of Health and Population Dr. Surendra Kumar Yadhav.

- *Training & Supervision:* Group Therapy Supervision is regularly provided to psychosocial counselors, working at different schools and orphanage homes.
- *Training in child psychiatry for Residents in Psychiatry / Psychology from all over Nepal:* The OPD also services as a training site for psychiatry / psychology resident trainees. As our OPD is the only site in the whole of Nepal that is sufficiently equipped to provide exposure in child and adolescent psychiatry, psychiatry resident doctors from other medical colleges have been coming for postings in the OPD.

## ESTABLISHMENT OF TRAINING PROGRAMS FOR PROFESSIONS WHO WORK IN THE FIELD OF CAMH

There is a severe lack of trained professionals in the field of CAMH in Nepal. In the long run we plan to start our own teaching programs in Nepal for psychiatrists, psychologists and other allied health workers.

## COMMUNITY BASED PROGRAMMES AND OUT-REACH:

### Child and Adolescent Mental Health Care Package

Considering the gap in the needs and services for children and adolescent with mental health issues, our team developed a child and adolescent mental health care package (CAMH-CP). This project was funded and done in collaboration with UNICEF.

- The CAMH-CP comprised of development of manuals on CAMH which includes 10 CAMH disorders, basic psychosocial support and pharmacology components.
- This was developed as an adaptation of the MHGAP 2.0 to meet the needs with respect to the Nepalese context.
- The project forms a referral chain and an integrated CAMH service network from the primary, secondary to tertiary level.
- It provides the opportunity for early detection of CAMH cases, basic psychosocial intervention, pharmacological intervention and referrals when needed.
- Trainings on CAMH given to doctors and para-medical professionals, and orientations to teachers, female community health volunteers and locals on CAMH issues.

- Appointment of a CAMH coordinator/ counselor at the municipality levels, by the local government.
- Training of trainers on CAMH issues
- Advocacy on establishment of Early Child Developmental Centers at Municipality levels.

This programme has already been piloted at Mithila Municipality of Province 2 in Nepal for a period of 6 months with promising results. This has now been extended this year to 6 other municipalities and will provide services to about 150,000 child and adolescents.



**CAMH-CP Training at Mithila Municipality for Medical Para Professionals with CAP Team Members.**

## Life Skills Education Programme

Our working with schools has helped us to understand the situation of schools and encouraged us to develop a life skills based curriculum for schools. This program is an adaptation from World Health Organization (WHO) recommended Life skills education programme.

- This aims to make the children more capable of dealing with life challenges, preventing mental health issues, and promoting better productivity and resilience.
- Development of a curriculum based on WHO life skills,

- Sessions are conducted in schools, once a week throughout the school years from kindergarten to Grade twelve.

Currently, we have completed the development of training manuals for all grades and the programme is being piloted in one school, with the aim to expand in other schools in the coming years. Ultimately, we aim to advocate with the government of Nepal to have Life Skills Based curriculum in all schools throughout Nepal.

### **Training of Child Specialists in the Juvenile Court System**

Nepal lacks enough human resources with knowledge on child and adolescent psychology. This knowledge is important to understand cases of children and adolescents in conflict with the law.

- The team in consultation with the National Judicial Academy of Nepal has developed a manual on CAMH issues in relation to conflict with law.
- Trainings are now conducted in coordination with the National Judicial Academy of Nepal, for child specialists to assist in such cases in the juvenile justice courts in Nepal.

### **Out-reach Services:**

Our team also provides outreach services to the children and adolescents in the community. These services are in the form of school visits for assessment and interventions for children. Some of these are regular visits that happen weekly, and some are as per need.

- *CAMH Rapid Response Programme (CAMH-RRP)* is a program that responds to CAMH crisis situations.

In case of CAMH related crisis, the members of the team deploy to the site and assist in management of the cases.

For example, the team has intervened in three schools with cases of mass conversion disorder, which had resulted in temporary school closure.

Another visit was made to Bara district after it was severely affected by a tornado.

## **RESEARCH**

The following research have been conducted by the team:

### *Epidemiological study on emotional and behavioral problems of school children of different ethnic groups*

- This is a PhD project by Dr. Jasmine Ma, in collaboration with the University of Tromsø, Norway, with Dr. Cecilie Javo, Dr. Arun Raj Kunwar and Dr. Pashupati Mahat, PhD as supervisors.
- This is a nationwide epidemiological study comprising more than 4400 subjects from all over the country.
- The preliminary results show 18% of school going children in Nepal have some form of mental health problems. This will be published in a peer reviewed journal.

### *Development and Validation of ADHD diagnostic scale for Children in Nepal*

- This is a PhD project by Narmada Devkota at Tribhuvan University, Nepal, with Prof. Dr. Shishir Subba and Prof. Dr. Nandita Sharma.
- This has been published in the Journal of Nepal Health Research Council in 2018.

*Resource Mapping and Needs Assessment for Child and Adolescent Mental Health Services in Nepal*

- This is the thesis by Dr. Gunjan Dhonju during his fellowship in Child and Adolescent Psychiatry, at National Institute of Mental Health and Neuro Sciences, Bangalore, India, with Prof. Dr. Shekhar Seshadri as his supervisor. This included an online desk review of published literature related to child and adolescent mental health in Nepal.

**CHALLENGES/ LESSONS LEARNED AND THE WAY FORWARD**

The awareness about child and adolescent mental health is poor among parents, teachers, medical fraternity, local authorities, and government bodies. There is very little funding from the government for child mental health. Lack of skilled human resources is another area of challenge.

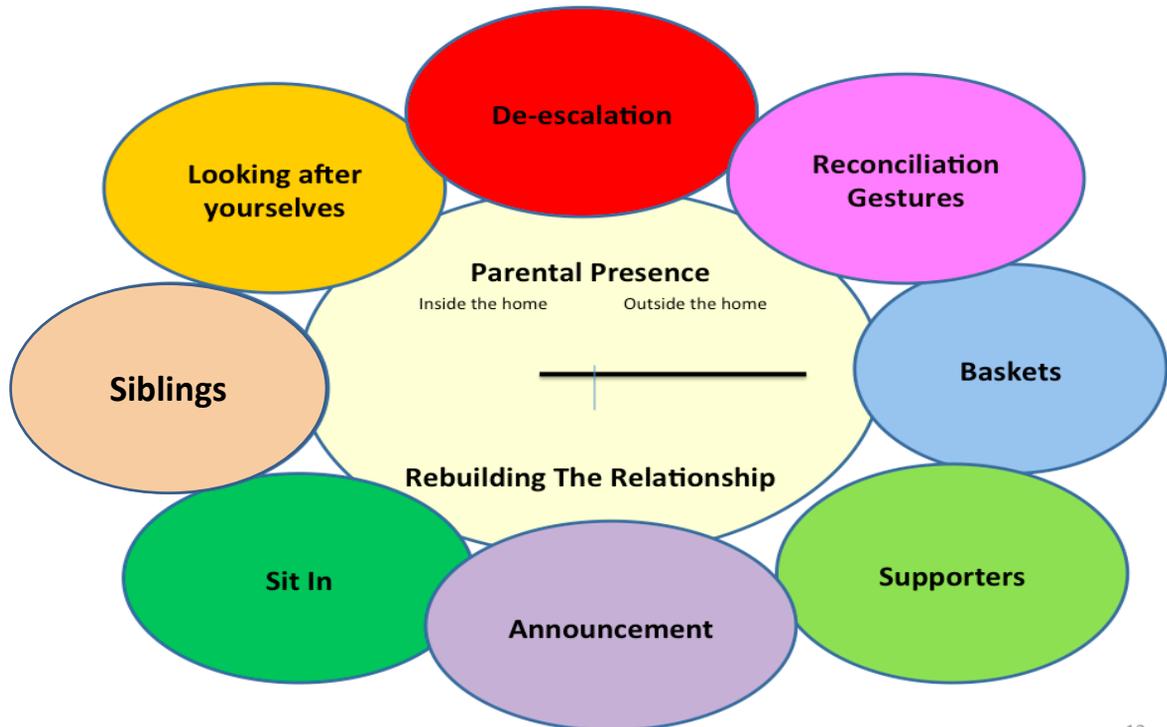
With efforts, it is possible to get cooperation from the different levels of government and non-government

bodies, local authorities and community members. The training at Mithila Municipality for Capacity Building was effective in training the health paraprofessionals and doctors on CAMH issues, and has encouraged us to step up the training to cover more areas in the coming year. Coordination with schools has helped us to understand the situation of schools and encouraged us to develop a life skills based curriculum for schools. Working with parents to improve the home environment greatly enhances the mental health of children and adolescents. We have learnt that a holistic approach is needed for promotion of child and adolescent mental health, and for early detection and management of mental health issues in the young population.

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# The Non-violent Resistance (NVR) Parenting Approach in Haringey, London

By: Maite Ferrin, Julien Edwards, Elliot Huggins, Margot Kalmus, Claire Mullarkey, Norma Shannon, Aga Winiarczyk, and Claire Wright, Haringey CAMHS, Barnet Enfield and Haringey Mental Health Trust, London, UK



**The NVR 'Map'**  
NVR Model (courtesy of Michelle Shapiro and Dawn Oliver)

Non Violent Resistance (NVR) is an innovative form of systemic family therapy, which has been developed for aggressive, violent, controlling and self-destructive behaviour in young people. The program has current evidence base in look after children, however there is a recent widening of remit to focus on young people with anxiety and neurodevelopmental disorders (Jakob and Shapiro 2014) based on the notion of 'over-accommodation'.

In the last year we have been running NVR groups for families whose children attend our service in Haringey CAMHS.

We have used the NVR approach

because it: i) Is transdiagnostic, ii) Is suitable for all ages in children and adolescents, iii) can be delivered in large groups, iv) can be used in more severe and complex presentations, as is usually the case in young people attending our service.

This initiative was supported by the vulnerable children's commissioner who funded an initial training of 34 local CAMHS professionals, in addition to co-facilitation of a parenting group for families by experienced accredited trainers, and allowed four local CAMHS clinicians to complete the full training. Some additional funding was also granted from the trust for

supervision and further co-facilitation via the training needs analysis and increased the number of trained CAMHS clinicians to seven.

The group programme that we are delivering consists of:

- 1 opt-in taster session – lasting 2.5 hours
- 8 x 2.5 hours follow-up sessions
- 2 optional half day workshops
- Maintenance groups

We use 4 clinical facilitators and 1 parent facilitator. Referrals have come from across different services, including Generic CAMHS, the Adolescent Outreach Team, CAMHS-Learning Disabilities, Health and Wellbeing Service (HEWS) and across different disciplines.

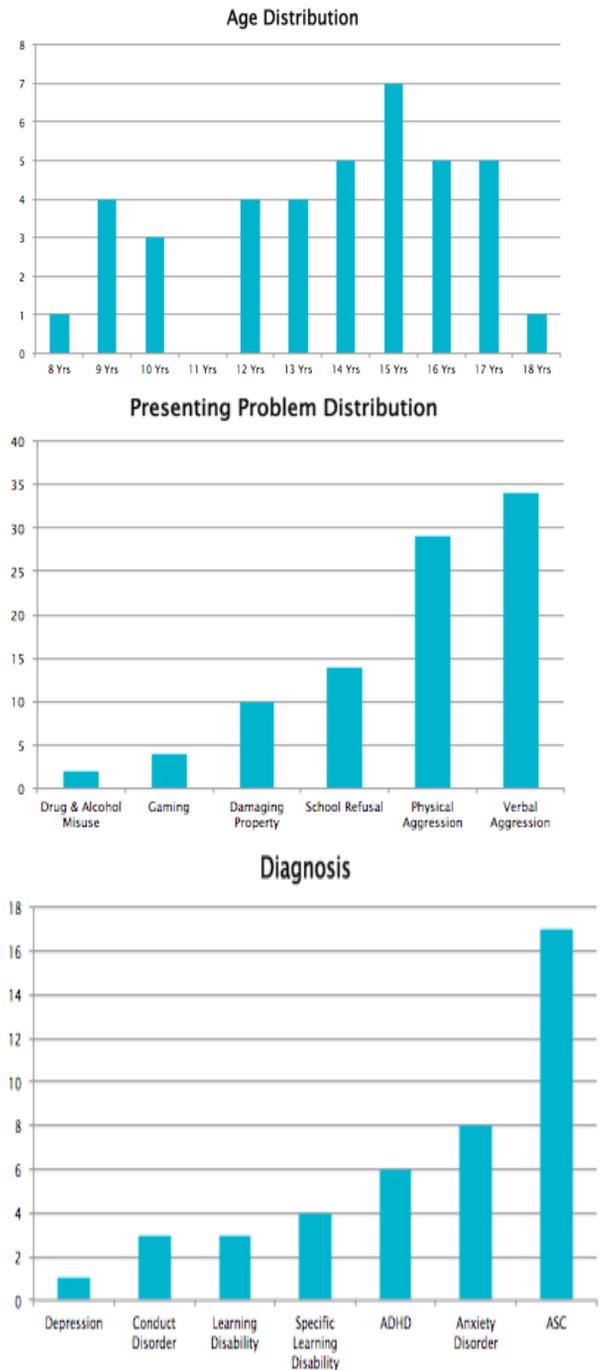
Since 2018, a total of 3 groups of parents have completed the training. These is the evaluation we have obtained from of our training groups:

### NVR Group Cohorts

Group attendance			
	Cohort A	Cohort B	Overall
Referred numbers	28	44	72
Completed 4+ sessions	18 (64%)	22 (50%)	40 (56%)
Attrition (1-4)	6 (21%)	8 (18%)	14 (19%)

### Participants in the NVR group

## Demographics

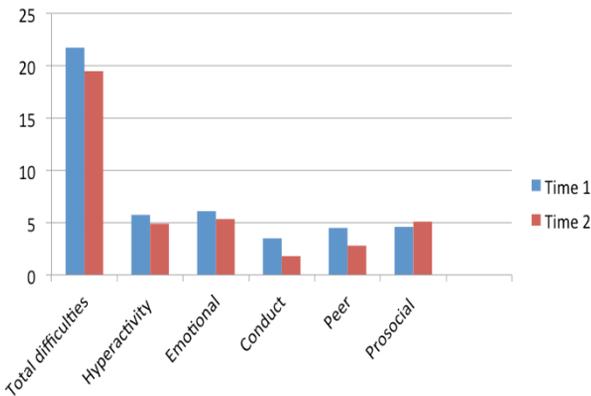


Our outcome measures have focused on parental perception as opposed to the clients themselves. We have used the Addition of Stress Index for Parents of Adolescents (SIPA) and the Brief Parental Self-efficacy Scale score (BPSES) for richer data on parental perception of difficulties and stress. In

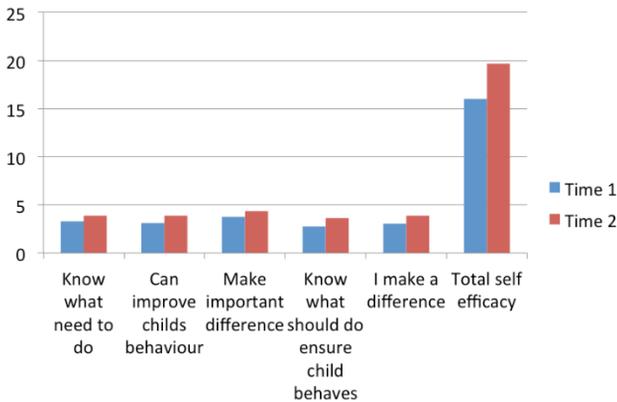
addition, we have used the Strength and Difficulties Questionnaire (SDQ) for symptoms observed in their children and adolescents.

The numbers of paired measures are still too low to allow analysis, however, a general improvement across the different scales has been observed.

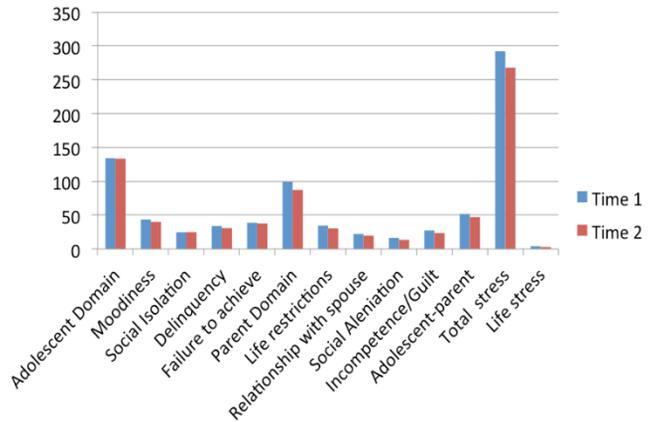
### Evaluation – SDQ



### Evaluation - BPSES



### Evaluation - SIPA



Our future plan is to continue providing NVR groups, at least two groups a year, while using our evaluation to determine on going needs for service. We will use a qualitative evaluation using focus groups, individual follow-ups, and a referrer questionnaire. We will also review our current outcome measures, and might substitute the SIPA and the SDQ for more reflective functioning measures.

For more information on the NVR training:

<https://nvrpractitionersconsortium.com/>

<https://www.partnershipprojectsuk.com/>

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# The eTextbook Through The Eyes of Russian Psychiatrists

You can access the textbook in English and [other languages here](#).



*‘The textbook pays much attention to non-drug interventions, which differs from the pharmacological approach traditional in Russian psychiatry.’*

The textbook is the first and only book available in Russian on the topic with current evidence-based medicine content. In my opinion the chapters devoted to developmental disorders, intellectual disabilities and autistic disorders will be of special interest to Russian specialists. The textbook pays much attention to non-drug interventions, which differs from the pharmacological approach traditional in Russian psychiatry. The textbook will be very useful for a wide range of different specialists in the sphere of children’s mental health care. Some misprints in the Russian version make reading it difficult at times but not unduly so.



**Portnova Anna A.**  
Doctor of Medical Science, Head of the Department of Child and Adolescent Psychiatry of Moscow Scientific Research Institute of Psychiatry. Main free-lance child psychiatrist of Moscow

*‘Considering the dearth of scientific literature on child psychiatry in Russia, the Russian version of the IACAPAP textbook will be very useful.’*

The textbook is useful and helpful. It was written by reputed authors in different spheres of child psychiatry. Considering the dearth of scientific literature on child psychiatry in Russia, the Russian version of the IACAPAP textbook will be very useful. It offers our specialists the opportunity to get a bit closer to world standards. As a specialist in early childhood, I have some questions about the chapter “The Clinical Assessment of Infants, Preschoolers and Their Families”, but I acknowledge that it is very difficult to get the complete feel of an infant and present it in a scientific text.



**Grechanyi Severin V.**  
Doctor of Medical Science. Assistant Professor & Head of Department of Psychiatry and Narcology of the St. Petersburg State Pediatric Medical University.

*‘I enjoyed the narrative style and the emphasis on key issues based on evidence principles and international standards’*

The textbook covers a wide range of issues in child and adolescent psychiatry. Along with theoretical, social and legal aspects, there are many practical recommendations. I enjoyed the narrative style and the emphasis on key issues based on evidence principles and international standards. I am sure the Russian version will be very useful not only for psychiatrists, but for all specialists working with children, and for researchers.



**Badmaeva Valentina D.**  
 Doctor of Medical Science, Head of Department of Social and Forensic Child and Adolescent Psychiatry of the Serbsky National Medical Research Centre for Psychiatry and Narcology, Moscow.

*‘I am very happy that now I have the option of recommending as one of the resources for the course a Russian version of the textbook’*

I give a course at the Moscow State University (‘Disturbances of Development in Childhood and Adolescence’). I am very happy that now, thanks to my Ukrainian colleagues, I have the option of recommending as one of the resources for the course a Russian version of the textbook. Prior to 2019, when I recommended the textbook in English, only a few students used it and it took them much time and effort to read and translate it.



**Badmaeva Valentina D.**  
 Doctor of Medical Science, Head of Department of Social and Forensic Child and Adolescent Psychiatry of the Serbsky National Medical Research Centre for Psychiatry and Narcology, Moscow.

*‘This textbook is a wake-up call to change entrenched views; to take a new look at what is normal and pathological in childhood’*

I can read English but, certainly, it is much easier for me to read Russian. That is why I was very glad when the textbook was translated. I like the textbook very much. Firstly, it is on my list of favorite child and adolescent psychiatry resources. Secondly, the textbook is well structured and covers comprehensively and in an up to date form the main aspects of all mental and developmental disorders in childhood. Thirdly, it is nicely presented and makes sense of the philosophy of childhood. For me this textbook is a wake-up call to change entrenched views, to take a new look at what is normal and pathological in childhood. I am sure it will come home to every child psychiatrist speaking Russian.



**Volodenkova Elena A.**  
 Candidate of Medical Science; Head of the Department of Child psychiatry of the Krasnoyarsk Regional Psychoneurologic Dispensary #1, Main free-lance child psychiatrist of the Krasnoyarsk Regional Healthcare Ministry

# School Mental Health Best Practices Institute in Pakistan

*By: Dr Aisha Sanober Chachar, MBBS FCPS (Psych), Child and Adolescent Psychiatry fellow, Aga Khan University Pakistan*

*Dr Ayesha I Mian, MD, Dean of Students, Associate Professor, Program Director, Child and Adolescent Psychiatry, Department of Psychiatry, Aga Khan University Pakistan*

The **School Mental Health Best Practices Institute** was held at Aga Khan University (AKU), Pakistan from 11th – 14th September 2019. This program was organized by the AKU Department of Psychiatry in collaboration with International Association of Child and Adolescent Psychiatry & Allied Professions (IACAPAP) and Dawood Public School (DPS). This initiative included a 3-day experiential workshop followed by a half-day strategic planning retreat.

## **Workshop:**

The 3-day workshop was attended by 63 participants, which included teachers, school counsellors, school administrators and educational psychologists. The curriculum was developed on the principle of blended learning, using a Virtual Learning Environment (VLE) – MOOC, in addition to a face to face (f2f) training Pedagogy included combination of large-group and small group activities. The small groups were designed to provide ample opportunities for exchange of ideas, insights, and personal experiences with colleagues. We also observed a significant amount of informal learning during tea and lunch breaks. Embedded within the schedule were 2 CME presentations by Dr Daniel Fung on Learning About Learning Disorders: A

Personal Journey and Dr. Shashank Joshi, on Adolescent Suicide: Is It Preventable? Majority of the participants felt that the workshop met its objectives and found the content applicable and relevant to their classroom environment. There was an increased expression of interest and support for such endeavours in the future.

## **Strategic planning retreat:**

The half-day strategic planning retreat was organized in collaboration with The Dawood Foundation on Sept 14th, 2019; the meeting was hosted by Dawood Public School. The goal of the retreat was to develop a strategic direction of initiatives in four key areas of action based on the needs assessment from the workshop. These areas were education & training in SMH, health promotion, teacher's well-being and parenting based programs. Each area was discussed under the themes of research, cultural contextualization, and use of digital technology.

The strategic planning retreat brought together around 40 eminent leaders in education, paediatric medicine, mental health, school administration, psychology, social entrepreneurship, media, and civil society from Pakistan and abroad. It showcased the challenges faced by schools both in Pakistan and worldwide, with speakers drawing upon their own

experience, practices in their respective institutions, and research in the field.

The day began with an introductory talk by the host Ms. Sabrina Dawood, CEO of The Dawood Foundation and a trustee of Dawood Public School. Ms Dawood shared her experience of directly managing Dawood Public School over the past ten years. She highlighted the importance of safe learning spaces in schools and the challenging role of school administration in fostering a culture of healthy school environment.

Dr. Ayesha Mian, a child and adolescent psychiatrist and Dean of Students at AKU, spoke about the current geopolitical situation prevalent in the country and its detrimental effect on the community's mental health. She spoke about a lack of focus in this area in both private and public sectors, at all levels including individual, organizational, advocacy and policymaking.

Dr Daniel Fung, a child and adolescent psychiatrist and President of IACAPAP shared his experience of developing school-based mental health services in

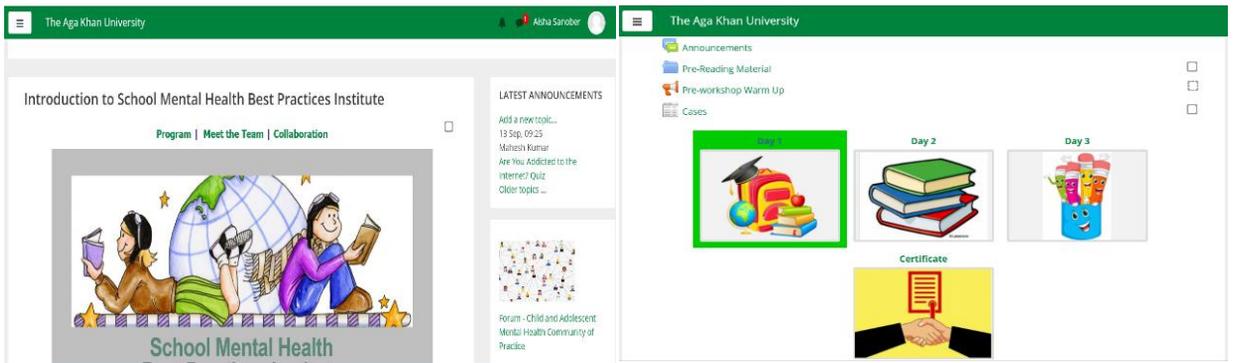
Singapore. Dr Fung highlighted the need to develop a system to understand the source of stress in teachers and promote mindful teaching practices among them

### Way forward:

School Mental Health Best Practices Institute provided a unique opportunity to interact and learn from experts, make new connections, and exchange ideas. This initiative was a starting point for future work and brought together a community of individuals dedicated to the cause of School Mental Health in Pakistan. Web-based interactive technologies used in this program have the potential to be replicated to other low-resource countries. It utilised a culturally contextualised curriculum, an interactive pedagogy and well prepared educational enduring material coupled with a robust evaluation methodology, all of which can easily be replicated and used for dissemination of sustainable school mental health training across the globe.



SMH workshop at Aga Khan University



VLE - MOOC Interface



Participants discussions during workshop sessions



Discussions in break through sessions



SMH Strategic Planning Retreat at Dawood Public School



Want to share important events, programs or activities from your country with a wide international audience?

## **SUBMIT AN ARTICLE TO THE IACAPAP BULLETIN!**

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# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

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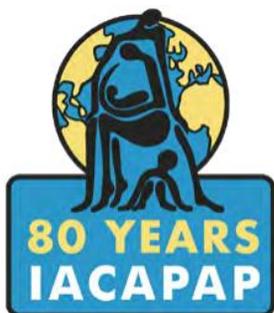
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