

Mental Health Policy Responses in Chile to Challenges posed by the COVID-19 Pandemic

P10

Cannabis Harmfulness to Youth: What Does Legalization Have To Do With It?

P20

Tips for Parents on Remaining Emotionally Healthy as the Pandemic Lags On

P23 – P24

CAPMH Corner

P27

CONTENTS

Editor

Hesham Hamoda (Boston, USA)

Deputy Editor

Maite Ferrin (London, UK)

Correspondents

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

Former Editors

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

IACAPAP President's Message

P3

Child and Adolescent Psychiatry and Mental Health (CAPMH) – The official journal of IACAPAP - Reaches New Heights

P6

Mental Health Policy Responses in Chile to Challenges posed by the COVID-19 Pandemic

P10

Cannabis Harmfulness to Youth: What Does Legalization Have To Do With It?

P20

Tips for Parents on Remaining Emotionally Healthy as the Pandemic Lags On

P23

XX Argentine Congress of Child and Adolescent Psychiatry and Related Professions

P25

AAPI Argentina – The recognition of Special Health Interest

P26

CAPMH Corner

P27

IACAPAP Endorsed Event: 4th Biennial Child and Adolescent Bipolar Services (CABS) Conference

P30

IACAPAP Bulletin Advertising Opportunities

P31

IACAPAP President's Message – Sep 2021

From Pathogenesis to Salutogenesis

By: Dr Daniel Fung, IACAPAP President, CEO, Institute of Mental Health Singapore, Adjunct Associate Professor, Lee Kong Chian Medical School, Nanyang Technological University

One year ago, I took on a new job. Many of you may already know that I am currently the chief executive of the Institute of Mental Health in Singapore but not many will know that I was made a grandfather with the birth of my first grandson in September last year. Unlike the work that I do in my professional life, being a grandfather is not really a job in the normal sense, in that there is no clear job description, the hours are unpredictable and instead of remuneration in currency, we get paid in emotional satisfaction and a heartfelt of laughter and joy. This life changing new career made me ponder on the next generation.

What is the key to our work as child psychiatrists? As I sit behind my desk and talk to 10 families every clinical session in all their various forms, it is a tedious process of helping them to understand their particular dynamic and the role of individuals within the family ecosystem in contributing to the problems of the identified patient. This meticulous unravelling of emotional knots can be deeply satisfying to the patients as it is to the therapist. And yet, this is slow medicine, one family at a time. What if there are better ways of doing things which also call to our attention? I was recently asked to write a chapter for a new Chinese textbook on



**IACAPAP
President
Dr Daniel
Fung**

prevention and I accepted it not realising the amount of work that one needs to go through in sieving out the best bits of evidence base for a textbook chapter which is essentially a recipe for practice. It is in going through the knowledge base that I begin to see another job that we as child psychiatrists sometimes miss. It's the archetypal missing the forest in the trees.

As we look at families individually, I am reminded of Leo Tolstoy in his 1877 novel Anna Karenina which begins with "all happy families are alike; each unhappy family is unhappy in its own way". What this presupposes is that there are

attributes in families that contribute to family dysfunction. Risks and strengths in systems predict problems. This is the basis of a new job description that we as child psychiatrists need to be responsible for. What are the systemic issues that help us understand the problems at the individual level which can form the basis for prevention? This is an important job and can lead to important changes in our systems of care if we care to look at them. For example, if the problem of crime is associated with low socioeconomic status, then catching criminals and having a large police force is probably not the solution. Rather it is better addressed by reducing poverty than tackling crime alone. I can hear some child psychiatrists already calling me out, “are we even trained to do this?” Well, my counter question is, are policeman trained to deal with poverty? They aren't, but they have a vested interest and in the UK recently, that was exactly what the Police Chief advocated for (see [Tackle poverty and inequality to reduce crime, says police chief | Police | The Guardian](#)). We should take it as our role to investigate and understand the determinants of mental illness in children and work towards reducing the risks and improving the strengths to stop the likelihood of the development of a mental illness. Are we able to pivot to spending 20% of our time treating the children and their families and 80% of our time trying to understand the determinants of the illness in the first place?

The other piece of this new job description is in mental health promotion. This is an area most alien to the child psychiatrist. Although we are often called mental health professionals, we are in fact mental illness specialists. We

spend time studying the psychopathology of mental illness and the risk factors that give rise to such illness. Is the promotion of mental health merely opposite to preventing illness so that once we eliminate illness, health will ensue? On the contrary, absence of illness does not suggest wellness. In fact, many surveys on happiness or subjective wellbeing suggest only a third of the population is in such a state, does it mean that the rest are unhappy and possibly mentally ill? So, in the psychopathological studies of illness and its prevention, we may have missed the other side of this equation. More research on the origins of health which so fascinated people like Antonovsky, Eriksson and Lindstrom, needs to be done. Not that it hasn't but much of it still resides in social sciences and psychology. As physicians start to venture into population health, we will start to see how the sense of coherence can be better understood from the population rather than a medical or illness approach. Salutogenesis is the idea of understanding the elements of health and how to better promote it. This concept can be described with a metaphor of a river of life in which health development is not merely avoiding stress but teaching people how to cope with stress. Erikson and Lindstrom describes “the river of life is a simple way to demonstrate the characteristics of medicine (care and treatment) and public health (prevention and promotion) shifting the perspective and the focus from medicine to public health and health promotion towards population health.” Populations that do not learn to swim and develop illness will flow down the river into the waterfall of death. Healthcare services are like safety nets that try to fish people out of the water. Prevention of mental illness and

promotion of mental health focuses on the individual's ability to get out of the water themselves, or with minimum help. One classic example of how salutogenesis can be used is the approach to suicide and what appears to be a growing epidemic in the young. A purely medical pathogenic approach cannot resolve all issues.

I suppose as we think of prevention of mental illness and the promotion of mental health, we may end up looking over our shoulders and wondering if we

chose the right vocation in the first place. If we were to succeed, we would literally be out of a job. Perhaps so, but it would mean an entirely different job. Like the policeman who fights poverty will be much richer in the new society that he creates, we too may become harbingers of a new tomorrow in which "all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society"



CHILD AND ADOLESCENT MENTAL HEALTH:
SHAPING THE FUTURE
05-09 DECEMBER 2022
DUBAI | UNITED ARAB EMIRATES



Child and Adolescent Psychiatry and Mental Health (CAPMH) – The official journal of IACAPAP - Reaches New Heights

By: *Andreas Witt¹, Gerrit van Schalkwyk², Jörg M. Fegert¹*

¹*Department of Child and Adolescent Psychiatry and Psychotherapy, University of Ulm*

²*University of Utah*



CHILD & ADOLESCENT
PSYCHIATRY & MENTAL HEALTH

Dr. Witt is currently deputy editor and appointed to be Editor in Chief of CAPMH. Dr. van Schalkwyk is currently associate editor and appointed to be Editor in Chief of CAPMH. Dr. Fegert is currently the Editor in Chief and founding editor of CAPMH.

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official journal of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and is affiliated with the European Association for Forensic Child and Adolescent Psychiatry, Psychology and other involved Professions (EFCAP). CAPMH is an open access, online journal that provides an international platform for rapid and comprehensive scientific communication on child and adolescent mental health issues from diverse cultures and contexts. The journal is peer reviewed and has held an impact factor since 2015. Additionally, it is indexed by PubMed, PubMed Central, EMBASE, Scopus, PsychINFO and Google Scholar.

The aim of the journal is to increase the knowledge base related to the diagnosis,

prognosis and treatment of mental health conditions in children and adolescents, and aims to integrate basic science, clinical research and the practical implementation of research findings (1). Further, the journal offers a platform for reporting factors and mechanisms that help children and adolescents to maintain their mental health. As such, the journal is a rich venue for a multidisciplinary audience; this includes psychiatrists, pediatricians, psychologists, neuroscientists, and allied disciplines. The journal will consider publication of research articles, reviews, commentaries and case reports.

One outstanding attribute of CAPMH as the first worldwide open access journal in the field of child and adolescent psychiatry, is its international focus. This is reflected by the international editorial board, submissions, publications, and accesses from all over the world. [The thematic series that specifically focused on child and adolescent psychiatry in Africa](#) is a great example of this focus. The editors particularly encourage authors from countries less represented in the child and adolescent psychiatry literature to submit their work.

The journal was founded in 2007 on the initiative of Prof. Fegert as Editor-in-Chief Dr. Benedetto Vitiello (Italy) as Deputy

Editor-in-Chief, and Prof. Goldbeck and Jacinta Tan (UK) as Associate Editors. The journal is an independent journal within the open access publishing company BioMed Central. In November 2021, Prof. Fegert will be stepping down from his role as Editor in Chief, and Dr. Gerrit van Schalkwyk (currently associate editor) and Dr. Andreas Witt (currently deputy editor) will be taking over as Editors in Chief. Prof. Fegert and the founding editors will continue to hold senior editorial positions in the journal and will support junior associate editors in their work. Dr. van Schalkwyk and Dr. Witt will continue to be supported by a team of fourteen editors and by a highly distinguished international editorial board.

The first issue of CAPMH was released in 2007. In February 2013, CAPMH was identified as the official journal of the International Association for Child and Adolescent Psychiatry and Allied

Professions (IACAPAP). Since its inception, the journal has grown rapidly and has received funding by different foundations. However, the journal also faced difficulties and setbacks as sadly Prof. Goldbeck, one of the founding editors, unexpectedly passed away in 2017. Additionally, CAPMH was under consideration to receive an impact factor in 2009 and 2011. Finally, an impact factor was received in 2015 (see figure 1). The current impact factor for 2020 increased to 3.033. With the new impact factor, the journal has climbed up to rank 37 in Pediatrics, ranks 91 in Psychiatry (SCIE) and remains at rank 66 in Psychiatry (SSCI). We invite the international child and adolescent mental health community to participate in the exciting work of this journal – whether as a reviewer, author, or even as a future member of our editorial team.

The growth of the journal is also reflected by the submissions it receives.

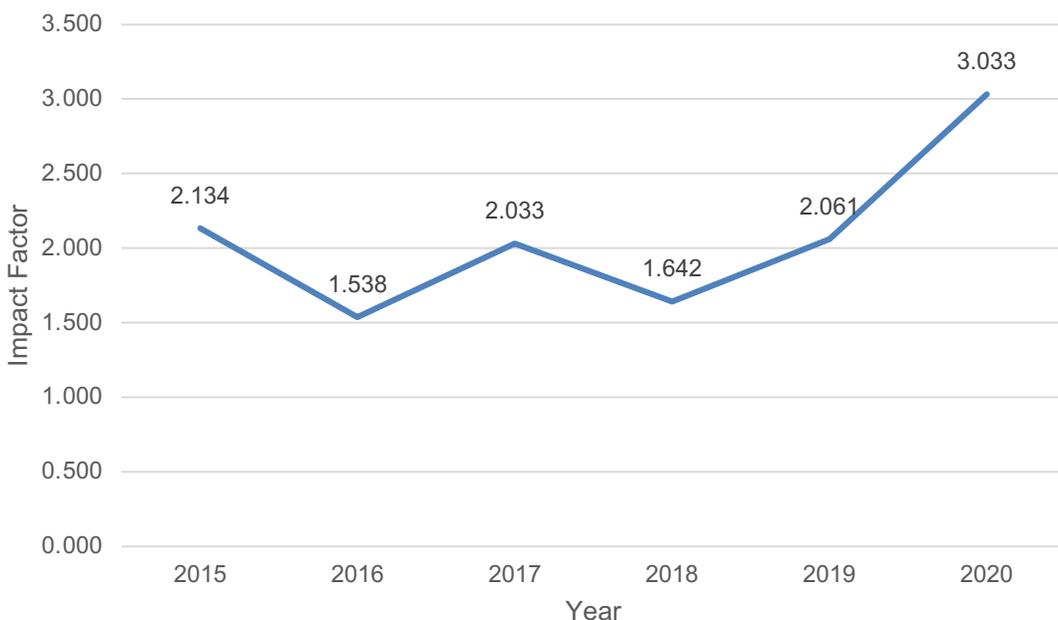


Figure 1. Development of the impact factor (IF) of CAPMH since 2015

Especially, since the journal has received an impact factor, the number of submissions each year has dramatically increased (see figure 2). However, the number of published manuscripts has remained stable over the years, due to the rigorous prescreening and review process each manuscript has to undergo.

Besides the publication of incoming manuscripts, CAPMH focuses on a specific topic in child and adolescent psychiatry each year, and compiles at least one thematic series. [The latest thematic series focuses on the impact of the Covid-19 pandemic](#) and is currently still accepting manuscripts. All thematic series can be accessed on the website.

All manuscripts submitted to the journal undergo a prescreening process that is supervised by the editor in chief. During the process, manuscripts are thoroughly checked to make sure ethical and

scientific standards are met. It is also important that they fit within the journals' scope. Once manuscripts pass the prescreening process, the handling editor conducts an analysis of the content and initiates the peer review process. The editor-in-chief makes the final decision. Unfortunately, we have experienced increased difficulties in finding professionals who are suitable and willing to conduct peer reviews. This has become an even bigger challenge since the beginning of the Covid-19 pandemic. However, the journal is committed to the fast processing of submissions. This is reflected by the 201 days it takes a manuscript to go from its submission to acceptance and it only takes 13 days for a manuscript to go from its acceptance to publication.

However, open access publishing is not without costs. For accepted manuscripts, a processing charge applies. If the corresponding author's institution

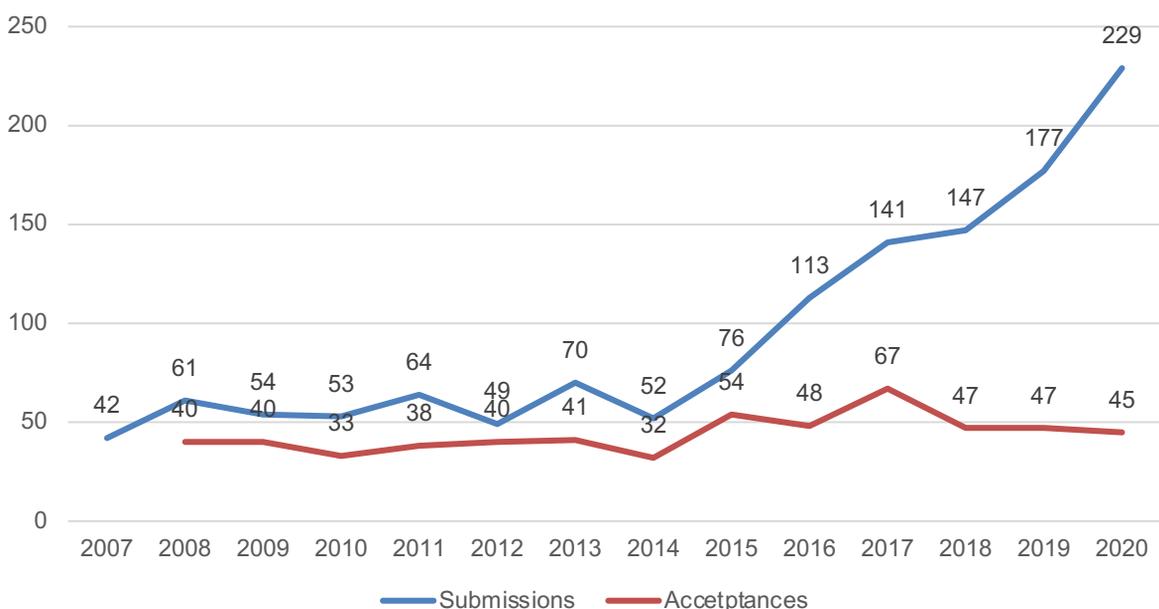


Figure 2. Development of submissions and acceptances since 2007

participates in BMC's open access membership program, some or all of the publication cost may be covered. Additionally, charges from low-income countries are routinely waived. For other countries, article-processing charge waivers or discounts are granted on a case-by-case basis to authors with insufficient funds.

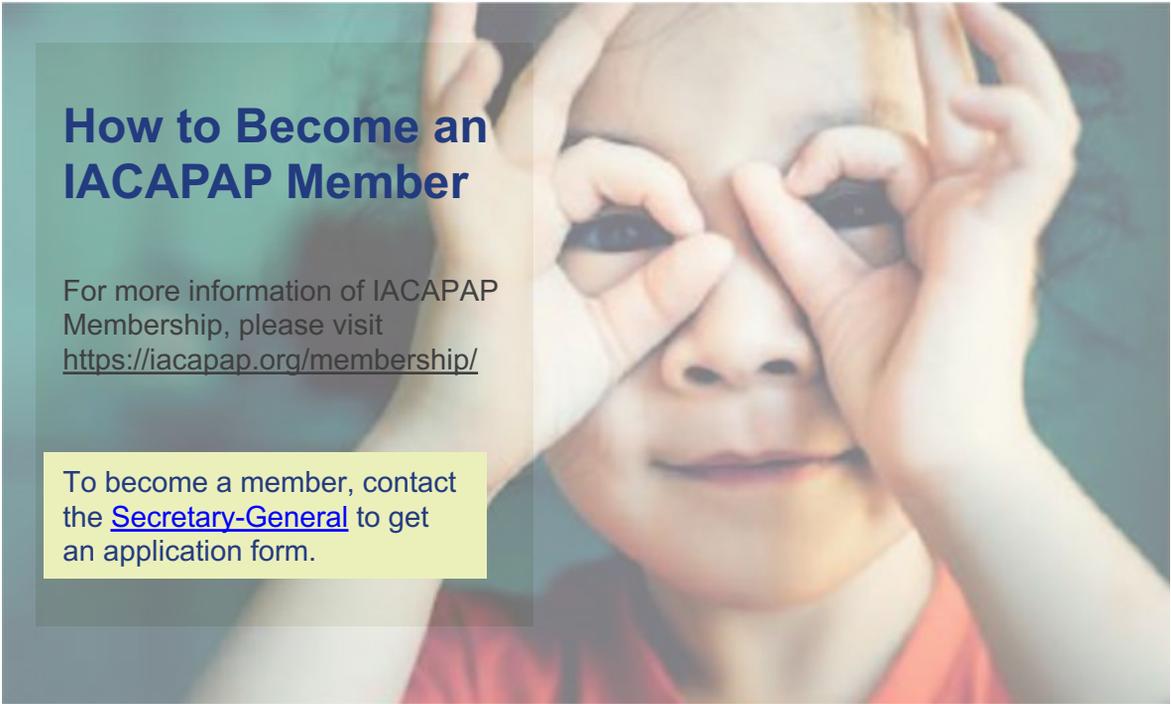
We would therefore like to encourage all the members of IACAPAP to consider publishing with CAPMH and we are looking forward to future submissions. The reasons for publishing with CAPMH are evident and are as follows:

- High visibility of your work worldwide via internet

- Thorough and timely peer-review
- Included in PubMed
- Immediate or very fast publication upon acceptance
- Retention of the copyright by the authors
- Free accessibility and archiving (Pubmed inclusion within days)

References:

1. Fegert, J. M., & Vitiello, B. Child and Adolescent Psychiatry and Mental Health—development of a new open-access journal. *Child and Adolescent Psychiatry and Mental Health* 2008, 2/22 doi:10.1186/1753-2000-2-22



How to Become an IACAPAP Member

For more information of IACAPAP Membership, please visit <https://iacapap.org/membership/>

To become a member, contact the [Secretary-General](#) to get an application form.

Mental Health Policy Responses in Chile to Challenges posed by the COVID-19 Pandemic

By: Matias Irarrazaval MD MPH, Child and Adolescent Psychiatrist, Director of Mental Health , Ministry of Health, Chile mirarrazaval@uchile.cl

Starting on June 1, 2020, SaludableMente was one of three presidential mental health programs launched during the pandemic. It included the intersectoral participation of nine ministries.

The Covid-19 pandemic, an unprecedented global socio-sanitary crisis, has impacted the mental health of the general population worldwide, and particularly that of individuals with prior mental illness, those infected with SARS-CoV-2, and health workers (1). The exact extent of this impact has varied by country, as it is strongly shaped by local mental health policies that were implemented as part of the initial response to the pandemic (2)(3). The pre-pandemic development of each country's mental health system, and its unique socio-economic context, largely define its ability to implement the proposed policies, especially in light of the economic recession that could deepen inequalities in access to and quality of mental health care (4). Under these circumstances, mental disorders co-occur with other chronic diseases that are rooted in social and economic inequities (5)(6).

Policies can play a relevant role in mitigating the impact of crises on mental health, either through new initiatives or

by deepening health systems reforms, aimed at uplifting communities and increasing user participation (7)(8). Health systems across the Americas often lack resources to develop mental health services in response to crises, which results in an imbalance between the burden of mental disorders and the allocated mental health budget. There is also a wide variation between countries: before the pandemic, it was estimated that this imbalance ranged from 1.8 to 72.1 times the burden of mental illness in relation to spending, with a median of 6.1 in the region (9).

During the first stages of the pandemic, the Americas concentrated the largest number of COVID-19 cases in the world. The first confirmed case in Latin America was registered in Brazil (February 2020), and the first case in Chile was confirmed on March 3rd (10). Chile has a decades-long trajectory of promoting community-based mental health, with mental health services integrated into primary health care centers and general hospitals, in a consistent and sustained way, as outlined in three national mental health plans (from 1993, 2000, and 2017). Before the pandemic, these plans had achieved greater access to community care for people with mental illness, trained mental health workers in the community model, developed evidence-based, technical

guidelines that have improved the quality of care and contributed to a progressive construction of an information system on mental health services. Nevertheless, strategies to encourage user involvement in mental health services have been insufficient (11)(12). Although the public budget is growing, there is a significant gap between what is laid out in the country's mental health plans and the reality of services.

(iv) quality, information, and research systems; (v) human resource development; (vi) social participation, and (vii) intersectoral coordination (13).

Chile faced the start of the pandemic in the midst of a profound social and political crisis. In October 2019, a popular uprising emerged, demanding social justice and equity in numerous areas, including health (14). This 'Social

Outburst,' triggered by secondary students in the face of a rise in the price of metro tickets, paralyzed the country. Demonstrations in the streets turned violent and questioned the legitimacy of institutions, such as the police, military, and the political system. The political crisis gave rise to a referendum for a new constitution, which was postponed because of



The proportion of the total burden of disease attributable to mental disorders is 9.6 times the proportion of the health budget allocated to mental health (11). The current national mental health plan (2017-2025) includes cross-cutting principles and approaches, such as the respect and promotion of human rights, people-centered health services and equity, evidence-based practices, life-course and multisectoral interventions, and empowerment of persons with mental disorders and psychosocial disabilities. The plan prioritizes seven pillars of action: (i) policy, law, and human rights; (ii) mental health services; (iii) financing the mental health system;

the pandemic but ultimately passed with overwhelming public support on October 25th, 2020.

Calls for greater equity in access to health services, in particular for mental health, foreshadowed the impact of the COVID-19 pandemic on mental health; the public health crisis has deepened social unrest and increased demands on the health system. For the first time, traditional political opinion polls incorporated questions about mental health (15), and 49.3% of the respondents said that their mood worsened during the pandemic (feelings of rage, sadness, fear), although 15%

perceived that it improved. Toward the beginning of the pandemic, a presidential commission known as the 'National Social Committee,' made up of national and local government representatives, health specialists, and academics was formed to "strengthen the country's strategy and organize a single voice in the fight against the coronavirus," and the Committee incorporated mental health into the national plan to confront the pandemic (16).

Policy responses to the mental health challenges derived from the COVID-19 pandemic in Chile, may play a relevant role in mitigating the pandemic's impact on the population's mental health if they are integrated within the pre-pandemic mental health policy framework and service trajectory.

Mental Health and Disaster Risk Management Model

Chile began developing a Mental Health Care and Disaster Risk Management (MHCDRM) Model in 2018, in collaboration with Japan. The evidence-based model highlights national experience gleaned through major natural disasters that have affected Chile, and it complies with international humanitarian standards. Essential elements of the model include reducing vulnerability through strengthening community resilience and capacities and focusing on preventive, rather than reactive, interventions. It proposes the implementation of mental health and psychosocial support (MHPSS) actions throughout the risk management cycle and effective disaster risk reduction, adopting the integration of interventions at different levels, according to the Inter

Agency Standing Committee's (IASC) recommendations (2). The MHCDRM Model is organized in eight strategic pillars – (i) intersectoral coordination; (ii) information management; (iii) social communication; (iv) community empowerment; (v) education; (vi) focus on vulnerable groups; (vii) technical guidelines; and (viii) care for frontline workers – and has led to the implementation of intersectoral mental health and psychosocial support committees and the development of a psychological first aid (PFA) training plan, which has a network of over 900 trainers and has produced more than ten thousand people qualified to provide PFA throughout the country.

Though the [Quintero-Puchuncaví socio-environmental conflict](#) and the social uprisings that recently affected the country were very different types of crises, they both effectively used the MHCDRM Model. In both emergencies, mental health was included in the first line of response, for the very first time, and the Model was relevant to define and organize pertinent actions. This Model has also been used as a referential framework to implement strategies to protect mental health during the COVID-19 pandemic, including strategies focused on providing mental health support and responding to the psychosocial needs of specific groups that are in greater biopsychosocial vulnerability (17).

COVID-19 Mental Health Action Plan, headed by the Ministry of Health

To articulate and organize multiple interventions to protect mental health during the COVID-19 pandemic, an

action plan on Mental Health was developed by the Ministry of Health. The plan includes seven areas of action (Table 1): (i) Continuity of care and strengthening of mental health services; (ii) Intersectoral coordination; (iii) Specific populations; (iv) Care of the healthcare workforce; (v) Community strengthening and social communication; (vi) Information management; and (vii) Training and technical guidelines for the intervention.

As part of the implementation process of the plan, mental health care in primary health centers and outpatient specialty services were improved (18), and mental health services were incorporated into the rural and remote health care facilities. Additionally, inpatient psychiatric services were adapted to meet COVID-19 protocols, registration systems were updated, and an online monitoring system for the mental health network was developed.

Another achievement was the organization of a Mental Health Personnel Commission in the Ministry of Health, which recommended the implementation of a nationwide institutional care program with psychological support strategies for healthcare workers (19). To support this process, technical recommendations were distributed (20).

Furthermore, online and telephone support services were made available for health workers and the general population. With over 100 helplines from academic and civil society initiatives, a national registry was built, to strengthen technical capacities and coordinate actions, establishing referral flowcharts,

and management protocols. These developments are detailed in two bulletins that provide information on remote mental health helplines and psychosocial support in the context of COVID-19 (21)(22).

Another relevant initiative within the framework of the plan was the organization of webinars and teleconferences, as an education and training strategy, targeting the workforce of health and social programs, to improve their preparation to provide psychosocial support for COVID-19 patients and their families. (23)(24)(25).

The framework set forth by the Mental Health Action Plan during COVID-19 continues to support the organization, implementation, and monitoring of public policy responses to the pandemic.

National Social Committee: Mental Health Strategy on the Political Agenda

The National Social Committee worked on a national strategy for mental health, formulated by researchers and academics from the Universidad de Chile. Their proposal was subsequently enriched with the contributions of other committee members and academics from other universities. The final strategy included mental health guidelines from the Ministry of Health and recommended adopting an intervention pyramid to provide mental health and psychosocial support during emergencies (2). As such, mental health became a part of the national pandemic response. The Strategy called for the protection of individuals who were most vulnerable to experiencing mental health crises during and after the pandemic, and it declared that efforts should not be limited to simply

providing intensive care in hospitals. The main message was that “mental health is one of the keys to surviving this pandemic and all that it entails in the short, medium, and long term, from preventing a potential crisis in the provision of health services, to preserving and rebuilding a post-pandemic society” (26).

The strategy includes three goals: (i) to reduce population risk by strengthening psychosocial protective factors for mental health; (ii) to facilitate access to comprehensive, equitable, and quality mental health services; and (iii) to develop knowledge, practices, and mental health competencies among mental health workers. The document states that mental health policy must meet four criteria: (i) territorial articulation; (ii) intersectoral action; (iii) user involvement and participation; and (iv) economic, social, and human development. This statement emphasizes the need to conduct community-based interventions, and

work with social institutions, to avoid reducing mental health problems to an individual level. The mental health policy thus conceived a ‘comprehensive perspective, without prioritizing economic factors over social and human ones’, to respond to the pandemic.

SaludableMente Initiative: the Presidential Strategy on Mental Health

On May 17, 2020, during a nationwide television broadcast, President Sebastián Piñera announced the creation of the Healthy Mind Initiative (Iniciativa SaludableMente) whose goal was “to improve the public and private mental health services in [Chile].” SaludableMente is defined as a “comprehensive pandemic response plan for mental health and well-being,” which includes two pillars: (i) a digital mental health platform and (ii) an experts committee.

The digital platform (38), created to immediately strengthen mental health



services, houses all the current programs that promote the mental health and the emotional well-being of different priority groups, including children and adolescents, older adults, parents and caregivers, women who are victims of violence, and individuals with COVID-19, as well as the general population. The platform provides direct access to remote psychological support, which has been integrated into the geographical network of services to improve the continuity of care for patients with mental disorders.

A digital platform was created to strengthen the mental health response to address the need for support, guidance, psychoeducation, and specialized care through an integrated platform, linked to health and social services. The platform included remote brief psychological intervention, case management and staff training and supervision.

At the same time, the initiative convened a panel of experts to develop proposals and guidelines to respond to the mental health needs of the population during the pandemic (39). The Healthy Mind Committee was officially established and convened its first meeting on June 1, with a period of 90 days to fulfill its mandate. Over thirty representatives were invited to form part of the Committee, including academic experts, representatives of scientific societies and other civil society organizations, members of Congress, and representatives of different ministries. The Committee's first task was to review and expand the Ministry of Health's diagnosis of the mental health situation in the context of COVID-19. From there, working groups were formed on specific topics. Each group developed a roadmap

that includes a summary of the current situation, actions, expected results, monitoring activities, and a timeframe, to create an integrated strategy with clear deadlines.

SaludableMente generated a broad, intra-sectoral dialogue that guided government actions around the well-being and mental health of the population, beyond health services. This strategy is still ongoing but has already managed to give greater visibility to mental health, secure new resources, and facilitate the articulation of different perspectives and capacities.

Discussion

In Chile, five lines of action in mental health policy were included in the pandemic response. First, a pre-existing Mental Health Care and Disaster Risk Management Model that acknowledged the importance of preparedness to reduce vulnerability and negative outcomes at both the individual and community levels. Second, a COVID-19 Mental Health Response Plan, led by the Ministry of Health, that seeks to meet the population's mental health and wellbeing needs to reduce the negative impacts of the pandemic in the short and long term. Third, the establishment of the National Social Committee, to ensure effective governance, intersectoral coordination, and implementation of mental health policies as part of the response to the pandemic. Fourth, partnerships and collaborations across health services, universities, and other sectors through SaludableMente enabled the optimum use of resources to deliver cohesive and coordinated care and support, although the participation of people with lived experiences and caregivers was very

limited. Fifth, research support generates a local body of evidence around the impact of the pandemic on mental health.

These policies are characterized by a coordinated implementation of the mental health plan, from health system initiatives to inter-agency and inter-sectoral work, that included mental health in the national pandemic agenda. However, the pandemic has also revealed areas that need to be urgently addressed and exposed cracks in our already fragile mental health system.

This groundwork, and its achievements, have proved useful to the adequate deployment of emergency response strategies. On the one hand, the existence of a coherent network of services at primary, secondary, and tertiary care levels facilitate the provision of mental health services that are more connected to local contexts and needs. At the same time, this prior set of aims – expressed and organized in the latest mental health plan– has provided a strong and practical foundation: The Mental Health Strategy of the National Social Committee, the Mental Health Action Plan, and the SaludableMente Initiative follows the basic principles and structure of the National Mental Health Plan 2017-2021 which, in turn, follows the foundational community-based model. The model provides a shared language across the mental health field.

Nonetheless, two key weaknesses in the transformation of services in the country have also expressed themselves in the mental health response towards the pandemic. The first weakness is the low budget allocated to mental health in the country, a decades-long ‘debt.’ This

impacts the ability to increase direct mental health services in the face of the growing demands of the population due to the pandemic. It also narrows the margin of actions that can be carried out beyond clinical care, such as community strengthening and directly supporting grassroots, bottom-up forms of services that have nonetheless emerged during the crisis.

The COVID-19 pandemic has highlighted the tremendous historical gap in funding and in mental health services but it has also shown that preparedness, international collaboration, and initiatives supported by evidence in global mental health can improve countries responses. Hopefully we can learn some lessons for the next pandemics to come.

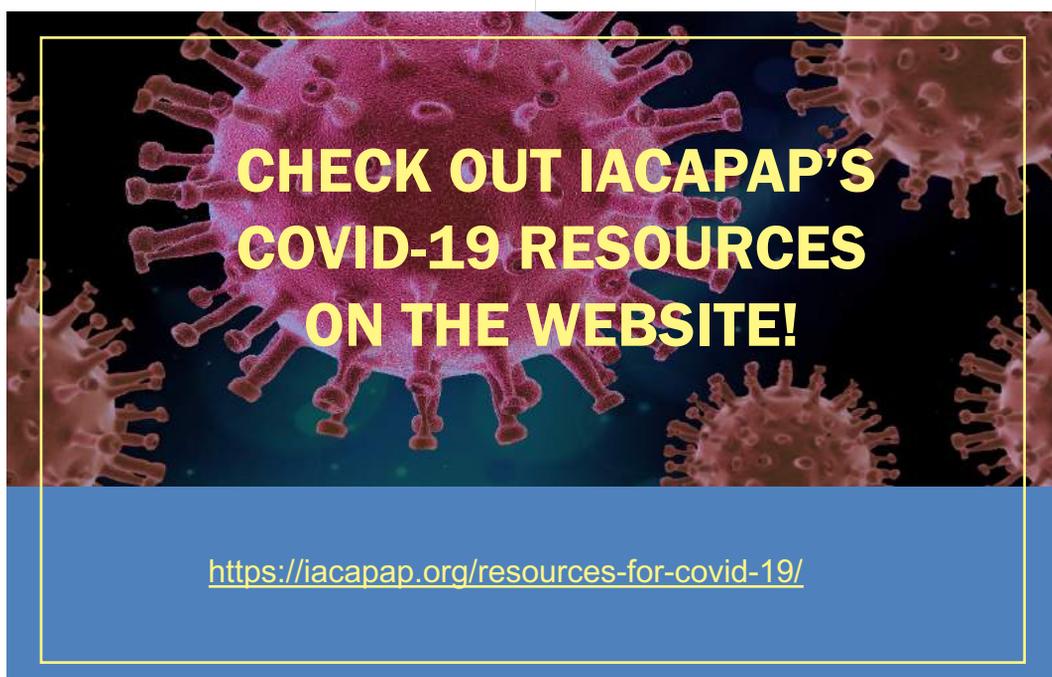
References

1. Moreno C, Wykes T, Galderisi S, Nordentoft M, Crossley N, Jones N, et al. How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry* [Internet]. 16 de julio de 2020 [citado 31 de julio de 2020];0(0). Disponible en: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30307-2/abstract](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30307-2/abstract)
2. Inter-Agency Standing Committee (IASC). IASC Guidelines for mental health and psychosocial support in emergency settings [Internet]. Geneva: IASC; 2007. Disponible en: https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
3. Inter-Agency Standing Committee

- (IASC). Briefing note on addressing mental health and psychosocial aspects of COVID-19. Outbreak Version 1.1 [Internet]. Geneva: Inter-Agency Standing Committee (IASC); 2020. Disponible en: <http://www.socialserviceworkforce.org/system/files/resource/files/Briefing-Note-Addressing-Mental-Health-and-PSS-COVID-19.pdf>
4. World Health Organization Europe. Impact of economic crises on mental health [Internet]. World Health Organization; 2011. Disponible en: https://www.euro.who.int/_data/assets/pdf_file/0008/134999/e94837.pdf
 5. Singer M. Introduction to syndemics: a critical systems approach to public and community health. 1st ed. San Francisco, CA: Jossey-Bass; 2009.
 6. Mendenhall E, Kohrt BA, Norris SA, Ndeti D, Prabhakaran D. Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. *Lancet*. 04 de 2017;389(10072):951-63.
 7. United Nations. Policy Brief: COVID-19 and the Need for Action on Mental Health [Internet]. 2020. Disponible en: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>
 8. Wahlbeck K, McDaid D. Actions to alleviate the mental health impact of the economic crisis. *World Psychiatry*. octubre de 2012;11(3):139-45.
 9. Vigo DV, Kestel D, Pendakur K, Thornicroft G, Atun R. Disease burden and government spending on mental, neurological, and substance use disorders, and self-harm: cross-sectional, ecological study of health system response in the Americas. *The Lancet Public Health*. 1 de febrero de 2019;4(2):e89-96.
 10. Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in realtime. *Lancet Infect Dis*. 2020;20(5):533-4.
 11. Minoletti A, Sepúlveda R, Gómez M, Toro O, Irrázabal M, Díaz R, et al. Análisis de la gobernanza en la implementación del modelo comunitario de salud mental en Chile. *Rev Panam Salud Publica* [Internet]. 10 de octubre de 2018 [citado 31 de julio de 2020];42. Disponible en: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6386069/>
 12. Montenegro CR, Cornish F. Historicising involvement: the visibility of user groups in the modernisation of the Chilean Mental Health System. *Critical Public Health*. 1 de enero de 2019;29(1):61-73.
 13. Ministerio de Salud. Plan Nacional de Salud Mental 2017-2025 [Internet]. Santiago: Ministerio de Salud; 2017. Disponible en: <https://www.minsal.cl/wp-content/uploads/2017/12/PDF-PLAN-NACIONAL-SALUD-MENTAL-2017-A-2025.-7-dic-2017.pdf>
 14. Fuentes-García A. El clamor de las inequidades: Estallido social y salud en Chile. *Revista Chilena de Salud Pública*. 2019;23(2):93-4.

15. DESOC. Núcleo Milenio en Desarrollo Social, Centro de Microdatos (CMD), Universidad de Chile, Centro de Estudios de Conflicto y Cohesión Social (COES). Termómetro social. Octubre 2019 [Internet]. DESOC; 2019. Disponible en: http://nucleodesoc.cl/wp-content/uploads/2019/11/TERM%C3%93METRO-SOCIAL-DESOC_CMD_COES.pdf
16. Gobierno de Chile. Mesa Social COVID-19 [Internet]. 2020 [citado 28 de julio de 2020]. Disponible en: <https://www.gob.cl/mesasocialcovid19/>
17. Ministerio de Salud. Consideraciones de Salud Mental y Apoyo Psicosocial durante COVID-19, versión 2.0 [Internet]. Ministerio de Salud; 2020. Disponible en: <https://degreyd.minsal.cl/wp-content/uploads/2020/04/Consideraciones-de-Salud-Mental-y-apoyo-Psicosocial-durante-Covid-19-versi%C3%B3n-2.0-1.pdf>
18. Ministerio de Salud. Orientaciones para la atención de personas en tratamiento por salud mental en APS. Contexto COVID-19 [Internet]. Ministerio de Salud; 2020. Disponible en: https://degreyd.minsal.cl/wp-content/uploads/2020/04/Orientaciones-para-la-atencio%CC%81n-de-personas-en-tratamiento-por-salud-mental-en-APS_COVID-19_160420.pdf
19. Ministerio de Salud. Ordinario B-2 No1132, Envía recomendaciones para el cuidado del personal en el contexto de COVID-19. abr 9, 2020.
20. Ministerio de Salud. Recomendaciones para el cuidado del personal de salud durante COVID-19 [Internet]. Ministerio de Salud; 2020. Disponible en: http://www.saludpublica.uchile.cl/documentos/recomendaciones-para-el-cuidado-del-personal-de-salud-durante-covid-19-minsal_163384_2_3345.pdf
21. Mesa Técnica Intersectorial de Salud Mental y Apoyo Psicosocial en la Gestión del Riesgo de Desastres, Red Nacional de Líneas de Atención no presencial. Boletín No1. Catastro de líneas de ayuda remota en salud mental y apoyo psicosocial, en contexto de COVID-19 [Internet]. Mesa Técnica Intersectorial de Salud Mental y Apoyo Psicosocial en la Gestión del Riesgo de Desastres; 2020. Disponible en: <https://degreyd.minsal.cl/wp-content/uploads/2020/04/Bolet%C3%ADn-N%C2%BA1.-Catastro-de-l%C3%ADneas-de-ayuda-remota-en-salud-mental-y-apoyo-psicosocial-en-contexto-de-COVID19.pdf>
22. Mesa Técnica Intersectorial de Salud Mental y Apoyo Psicosocial en la Gestión del Riesgo de Desastres, Red Nacional de Líneas de Atención no presencial. Boletín No2. Catastro de líneas de ayuda remota en salud mental y apoyo psicosocial, en contexto de COVID-19 [Internet]. Mesa Técnica Intersectorial de Salud Mental y Apoyo Psicosocial en la Gestión del Riesgo de Desastres; 2020. Disponible en: <https://degreyd.minsal.cl/wp-content/uploads/2020/04/Bolet%C3%ADn-2-Catastro-l%C3%ADneas-de-ayuda-SMAPS-COVID19-versi%C3%B3n-final-08.06.2020.pdf>

23. Escuela de Salud Pública, Universidad de Chile, Ministerio de Salud. Conversatorios Salud Mental en contexto COVID-19 [Internet]. 2020 [cited July 27, 2020]. Disponible en: <http://www.saludpublica.uchile.cl/escuela/conversatorios-salud-mental-covid-19/162853/pesentacion-conversatorios-salud-mental-en-contexto-covid19>
 24. Ministerio de Salud. Hospital Digital [Internet]. 2020 [citado 29 de julio de 2020]. Disponible en: <https://www.hospitaldigital.gob.cl/>
 25. Ministerio de Salud. Hospital Digital: Canal de YouTube [Internet]. 2020 [citado 30 de julio de 2020]. Disponible en: <https://www.youtube.com/channel/UC872b9D5yH7BYKIP0SqFjEw>
 26. Universidad de Chile. Salud Mental en Situación de Pandemia. Documento para Mesa Social COVID-19 [Internet]. 2020 [citado 28 de julio de 2020]. Disponible en: https://www.uchile.cl/documentos/salud-mental-en-situacion-de-pandemia-documento-para-mesa-social-covid-19-descargar_163020_0_5138.pdf
 27. Gobierno de Chile. Plataforma SaludableMente [Internet]. [citado 14 de agosto de 2021]. Disponible en: <https://www.gob.cl/saludablemente/>
 28. Ministerio de Salud. Estrategia Integral SaludableMente [Internet]. [citado 14 de agosto de 2021]. Disponible en: <https://www.minsal.cl/saludablemente/estrategia-integral/>
-



Cannabis Harmfulness to Youth: What Does Legalization Have To Do With It?

*By: Yifrah Kaminer MD: Prof. Emeritus of Psychiatry & Pediatrics,
Alcohol Research Center, University of Connecticut School of Medicine
Farmington, Connecticut, USA Kaminer@uchc.edu*

Regardless of media's overwhelming positive coverage, cannabis is not a harmless drug and is particularly damaging to vulnerable youth whose brains' neurocognitive functions and pre frontal cortex (PFC) are still developing until the age of 25 years. The endogenous cannabinoid system's role in the development of synapses and myelin in the PFC is well established. Flooding of the brain with exogenous cannabis and the increase in concentration of Tetrahydrocannabinol (THC), the active component responsible for the desired emotional "high", is overwhelming and impairs learning due to negative impact on concentration, attention and short, and long-term memory. These negative consequences contribute to school dropout.

There are many negative consequences of cannabis use by youth including: the development of cannabis use disorder (SUD) in one of every six users (double of the adult onset of use); early onset psychosis; increased suicidality; exacerbation of depression; increased risk for car crashes and associated fatalities; impairment of cognitive and academic performance; increase in emergency room visits and poison center consultations due to cannabis (including of toddlers and children); in addition to



maternal cannabis use related consequences to the child and also potential epigenetic effects resulting in changes of mRNA in animal studies of mice and their offspring.

Multiple medical associations expressed an anti-legalization position regarding recreational purposes (LRC) due to increasing public health concerns and having little confidence that regulation and enforcement of age limits on legal use would be effective. That is similar to the failure to control adolescent use of tobacco products and alcohol. North American studies reported adolescents' opinions that legalization in their states or in Canada will result in the increase of 14-20% of likelihood in experimenting with cannabis (Palamar et al. 2014). Furthermore, in states where LRC has been implemented cannabis use by

adolescents has increased as predicted by 15-20% (Miech et al. 2015). The reason for this epidemiological trend can be attributed to the normalization of LRC that have contributed to the perceived message that cannabis use is becoming normative, harmless and even favorable. Any liberalization of cannabis use worldwide has shown increase in first time users and a decreased age of use onset (Williams & Bretteville-Jensen 2014).

The market share of various cannabis products such as flavored vaping cartridges with catchy names, tasty drinkables and edibles including “gummy bears”, and more targeting youth keeps on growing. The increase of THC concentration now to about 20% in smokable cannabis and up to 100% in oils has made cannabis into a more accessible and unfortunately potentially a more harmful drug. For example, a concentration of THC above 10% increases the likelihood of an acute early onset psychosis. The age of onset and frequency of use play a role in negative consequences of use as well.

The pitch for LRC driven by financial interests for the few and the industry while increasing the burden on society will result in minimal increase of coveted state tax revenues while demanding expenditure of more resources to address the costs of negative medical, mental, developmental consequences and road safety hazards (similarly to the tobacco and alcohol sales added costs to public health). The argument for legalization as a barrier for the “black market” is unsustainable due to unpredictable patterns of supply and demand as well as liability in cannabis

product prices.

This is a complex dilemma that commands a comprehensive and sharp analysis before hastily moving into LRC state beyond the present medical cannabis and decriminalization de facto status of adult personal use that has already been problematically managed.

Recommendations for a utilitarian public policy:

First, that the medical establishment in general and the psychiatric/addiction leadership in particular will clearly state an objection to any change in the legal status of cannabis without a comprehensive assessment of the list of considerable negative outcomes. Second, wait at least 3 more years for the Canadian “social experiment” in LRC, and Third, if and when such a change may be recommended that a list of contingencies such as: a limit on THC concentrations (a 10% consideration), supervision of the quality of (active psychotropic and inactive components) of cannabis products, child proof packages to name a few. Also, added resources for education-prevention curricula, mental health and addiction services, road safety enforcement and age limits enforcement on commercial availability and use should be legally implemented. Finally, the industry’s influence (lobbying) on policy making should be significantly curtailed including on advertisement affecting youth on social media and concerts as recently announced in an agreement between JUUL (the largest producer of E-cigarettes in the USA) and the state of North Carolina associated with a financial compensation for the state.

Recommendations for further data collection and research:

With a focus on the following categories that are relevant to youth prevention and intervention:

- Emergency room and hospital admissions related to marijuana
- Marijuana-related car crashes, including THC levels even when testing positive for alcohol
- School incidents related to marijuana, including representative data sets
- Mental health effects of marijuana
- Cost of mental health and addiction treatment related to increased marijuana use
- Cost of needing but not receiving treatment
- Extent of marijuana advertising toward youth and its impact
- Marijuana potency and price trends in the legal and illegal markets

References

Miech RA, Johnston LD, O'Malley PM. Trends in use of marijuana and attitudes toward marijuana among youth before and after decriminalization. *Int J drug Policy* 26(4):336-344, 2015

Palamar JJ, Ompad DC, Petkovic E. Correlates of intentions to use cannabis among US high school seniors in the

case of cannabis legalization. *Int J Drug Policy* 25(3):424-435

Williams J, Bretteville-Jensen AL. Does liberalizing cannabis laws increase cannabis use? *J Health Econ* 36:20-32, 2014

A Comprehensive Review Reference

Thurston C, Kaminer Y: Cannabis Use. In: Kaminer Y & Winters K, (Eds.). *Clinical Manual of Youth Addictive Disorders*. American Psychiatric Publishing Inc. 2020.



UPLOAD YOUR CLINICAL OR RESEARCH DOCUMENTS TO THE IACAPAP ARXIV!

For more information please visit <http://arxiv-iacapap.org>



Tips for Parents on Remaining Emotionally Healthy as the Pandemic Lags On

By: Marjorie McMillian

The pandemic has been an emotionally traumatizing experience for people across the globe. You can see the effects everywhere you turn. Children have been [hit especially hard](#) as COVID is expected to have a lasting impact on the world's most vulnerable young people. As a parent, it is up to you to set a positive example so that your own children learn positive coping mechanisms for themselves.

This article focuses on you and covers a few ways you as a parent can find stress relief while boosting your confidence so that you can be there for your child when

they need you. Refer to this [article](#) for tips on supporting your children as well.

Honesty Is the Best Policy

Before you can begin to tackle your emotions, you have to be honest with yourself about how you're feeling. Look at each area of your life to evaluate how it affects your mental health. Are you happy at your job? Do [your relationships](#) fill you full of energy or drain you completely? Before you can make changes that perpetuate positivity, you have to know where, exactly, you need to make them.



Image via [Pexel](#)

Money Mayhem

Even before the pandemic, many people experienced a cash crunch. Prices on everything from real estate to food are exponentially high, and money doesn't go as far as it once did. Look for ways to juggle your finances so that you don't feel like you are always pinching for pennies. One idea is to refinance your home. Although this can [decrease some equity](#), it can help add money to your liquid funds. And if you're simply looking to lower your mortgage payment, refinancing helps you there as well if you don't cash out and interest rates are lower than what you're currently paying.

Engage in Exercise

[Exercise has many benefits](#), among these are better sleep, more happy chemicals released from your brain, increased cognitive function, reduced anxiety, and greater self-confidence. This doesn't mean you have to join a gym, and simply walking each afternoon or attending an outdoors group exercise class can help you reach your health and fitness goals.

Take a Jab at the Job Market

Do you hate your job? If so, you are probably stressed out every day when you clock out. It doesn't matter how long you've been in your current position, there are lots of opportunities for change. You can always go back to school or look toward the [most in-demand](#) jobs for 2021. These include solar panel installer, personal care aide, and information security analyst.

Rely on Relaxation

There is no denying that being an adult is busy. Between work, kids, social obligations, and household chores, we are always doing something. This makes it [difficult to unwind](#). But, as PsychCentral explains, there are a few simple ways to relax. These include stepping away from social media, practicing mindfulness, and spending time in nature.

Involve the Kids

Most importantly, you should find ways to spend more quality time with your children. Time spent with family builds memories and reminds your children that you are always there for them. Volunteer together, go hiking, or simply pay a visit to your local library. Whatever you choose to do, [involve the kids](#) in the planning process and enjoy.

The pandemic came out of nowhere, and it caught many of us off guard. But we've all gotten used to it by now, and vaccines have given us a light at the end of the proverbial tunnel. If you notice your children suffering the emotional ramifications of this global crisis, you want to do your best to help them. But remember, before you can truly help them, you have to be emotionally healthy, and the tips above can help.

The International Association for Child and Adolescent Psychiatry and Allied Professions was founded in 1937 with the mission to promote policies and practices that promote positive mental health in young psychiatric patients. [Become a member](#) today.

To read more by Marjorie McMillian: <http://www.comeongetwell.net/>

XX Argentine Congress of Child and Adolescent Psychiatry and Related Professions

Childhood and adolescence: A clinic in uncertainty

By: Argentine Association of Child and Adolescent Psychiatry and Related Professions



The [XX Argentine Congress of Child and Adolescent Psychiatry and Related Professions](#) was organized by the [Argentine Association of Child and Adolescent Psychiatry and Related Professions](#) and took place online on June 24- 26, 2021. The central theme of the Congress was '**Childhood and adolescence: A clinic in uncertainty**'.

The aim of the congress is to creatively tackle the current challenges and to take advantage of the congress environment to encourage knowledge exchange and learning. The congress was addressed to more than 1,200 Latin American residents and health professionals in general, and those specialized in education and neurodevelopment of children and adolescents, such as psychiatrists, pediatricians, psychologists, educational therapists, neurologists, occupational therapists, social workers, music therapists, sociotherapists, therapeutic companions, and other related professionals.

The chair of the virtual congress was Dr.

Pedro Kestelman (President of AAPI) and there was an ambitious [program](#) consisting of topics such as neurodevelopment, autism, addictions, violence, abuse, pharmacological treatment, psychotherapy, new problems, mood disorders, approaches in mental health, environment, intersectorality, interdisciplinary approaches, psychosis, and school education, all in the context of the COVID-19 pandemic, mandatory social isolation, and its consequences.

The topics were addressed by outstanding international and national colleagues in discussions in prerecorded and round tables, lectures, presentation of clinical cases, courses and posters, among whom were Dr. Boris Birmaher (USA), Dr. Flora de la Barra (Chile), Dr. Mara Parellada (Spain), Dr. Gustavo Turecki (Canada), Dr. Eduardo López (Argentina), Dr. Mónica Silva (Uruguay), Dr. Gabriel Lerner (Argentina), Dr. Gabriela Cortés (Mexico), Dr. Silvia Fernández (Argentina), Dr. N. Aguilar Zambrano (Ecuador), Dr. Humberto Persano (General Director of Mental Health of the City of Buenos Aires) and Dr. Hugo Barrionuevo (Director of Mental Health and Addictions of Argentina).

We will continue to work together and look forward to seeing you at the next edition of the congress in 2023.

CONTACT INFO: informaciones@aapi.org.ar



The Legislature of the City of Buenos Aires has granted AAPI the recognition of Special Health Interest

The Commission of Health of the Legislature of the City of Buenos Aires has by unanimous vote granted the [Argentine Association of Child and Adolescent Psychiatry and Related Professions](#) the recognition of Special Health Interest for the document 'Status report and request to the health authorities' with the aim to provide individuals with disabilities and autism spectrum disorder priority access to the COVID-19 vaccine and to offer them special care and protection during the pandemic.

This document was the basis for the formulation of the corresponding laws.

AAPI is honored by this acknowledgment and thanks the Legislature for this recognition.

Full report: www.aapi.org.ar/informe-a-las-autoridades-sanitarias



Dr Pedro Kestelman (President of AAPI) received the recognition along with Dr. Inés Correa y Dr. Dario Sangineto.

informaciones@aapi.org.ar

CAPMH Corner

By: *Lakshmi Sravanti, India,*
Associate Editor, *CAMPH*

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official journal of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). It is an open-access journal that publishes clinically relevant research from around the world. IACAPAP Bulletin is introducing "CAPMH Corner", a column to summarize prominent studies published in CAPMH. The first article under this column summarizes three studies - examining the effectiveness of a school-based universal preventive programme (Urao et al., 2021), estimating PTSD symptoms in adolescents from LMICs (Stupar et al., 2021), and exploring impact of COVID-19 pandemic on Child and Adolescent Psychiatrists (DiGiovanni et al., 2021) respectively.

Research Article | [Open Access](#) | Published: 15 February 2016

Effectiveness of a cognitive behavioural therapy-based anxiety prevention programme for children: a preliminary quasi-experimental study in Japan

[Yuko Urao](#) ✉, [Naoki Yoshinaga](#), [Kenichi Asano](#), [Ryotaro Ishikawa](#), [Aya Tano](#), [Yasunori Sato](#) & [Eiji Shimizu](#)

Child and Adolescent Psychiatry and Mental Health 10, Article number: 4 (2016) | [Cite this article](#)

[Click here to access the article in CAPMH](#)

Urao et al., (2021) note the importance of school-based universal preventive programmes, especially CBT-based interventions to reduce psychiatric morbidity in children. They highlight the inconsistencies in establishing efficacy of the WHO-recommended FRIENDS programme by laying focus on studies done in the Japanese population. The team had developed a CBT-based universal preventive program for children called "Journey of the Brave" (Urao et al., 2016). The primary objective of their current study is to examine its effectiveness when it is carried out by teachers during school hours. They conduct a large scale non-randomized study enrolling 27 elementary schools from three prefectures.

Journey of the Brave (JOB) consists of ten standardized CBT (Cognitive Behavioural Therapy) sessions, each of 45min duration. Teachers undergo training in a 6-hour facilitator workshop to deliver the

programme. The primary outcome is changes in the SCAS (Spence Children's Anxiety Scale) - Japanese version scores. Fifth or sixth graders (n = 2745) are assigned to intervention arm (programme sessions and SCAS surveys) or control arm (regular classes and SCAS surveys) and followed-up one to three months later. The team analyses data using mixed-effects model for repeated measures (MMRM). Authors report a significant reduction in the anxiety scores in the intervention group as compared to the control group from baseline to follow-up. They state that this is the first large scale controlled trial of the JOB, however the follow-up duration of three months is relatively short, objective tools were not used and the programme fidelity was not measured. In view of these methodological limitations, they suggest a more robust long-term follow-up study or a cluster randomised control trial (c-RCT) to confirm effectiveness of the programme.

Posttraumatic stress disorder symptoms among trauma-exposed adolescents from low- and middle-income countries

[Dusko Stupar](#), [Dejan Stevanovic](#), [Panos Vostanis](#), [Olayinka Atilola](#), [Paulo Moreira](#), [Katarina Dodig-Curkovic](#), [Tomislav Franic](#), [Ana Doric](#), [Nikolina Davidovic](#), [Mohamad Avicenna](#), [Isa Noor Multazam](#), [Lauri Nussbaum](#), [Abdul Aziz Thabet](#), [Dino Ubalde](#), [Petar Petrov](#), [Azra Deljkovic](#), [Antonio Luis Monteiro](#), [Adriana Ribas](#), [Mirjana Jovanovic](#), [Oliveira Joana](#) & [Rajna Knez](#) ✉

Child and Adolescent Psychiatry and Mental Health 15, Article number: 26 (2021) | [Cite this article](#)

Stupar et al., (2021) emphasize the need for epidemiological studies to estimate the prevalence of post-traumatic stress disorder (PTSD) in trauma-exposed adolescents in low-and middle income countries (LMICs) due to limited data available from these countries. They emphasize the need for judicious use of the inadequate health resources in LMICs and highlight that prevalence estimates can inform resource allocation. The team carry out a large project with an objective to assess multiple aspects of adolescent psychopathology with the support of International Child Mental Health Study Group (ICMH – SG). A part of their project seeks to assess the types of traumatic events experienced and the presence and predictors of PTSD symptoms in adolescents exposed to traumatic event/s in the preceding year.

Adolescents (12-18yrs old) are recruited by simple random sampling from at least five secondary schools from each location (with equal distribution of rural and urban communities) identified as a local, administrative or a political zone in 10 LMICs (Brazil, Bulgaria, Croatia, Indonesia, Montenegro, Nigeria, the Palestinian Territories, the Philippines, Romania, and Serbia) and one high-income country (Portugal) that serves as a reference. A sample (n = 3370) with history of traumatic events is assessed for

PTSD symptoms using the UCLA PTSD Reaction Index for DSM-5 (PTSD – RI – 5) modified to ensure cultural acceptance. Authors use analysis of variance (ANOVA) and chi-square test to evaluate age and gender differences respectively. The estimates of a likely diagnosis of PTSD range from 6.2% (Indonesia) to 15.3% (Palestine and Nigeria). Approximately half of the study sample (n = 1725; 51.2%) report three or more traumatic events experienced in the year preceding data collection. Death of a close person (69.7%) is the most frequently reported traumatic event.

Authors conclude that younger adolescents, and those with a history of exposure to war or having been forced to have sex or with more severe PTSD symptoms (especially avoidance) are at a greater risk of having PTSD. They infer from this study that there is a need for collaboration between health and social care services sector to devise joint policies and care pathways and suggest a stepped care approach to reduce strain on the limited health care services available in LMICs. They attribute the observed differences in traumatic events and symptoms between their findings and previous studies to neurobiological and cross-cultural variations and recommends future research to focus on the cultural differences in PTSD propensity.

Pivoting in the pandemic: a qualitative study of child and adolescent psychiatrists in the times of COVID-19

Madeline DiGiovanni, Indigo Weller & Andrés Martin 

Child and Adolescent Psychiatry and Mental Health 15, Article number: 32 (2021) | [Cite this article](#)

DiGiovanni, Weller, and Martin (2021) set out to speculate the direction of possible changes in the CAMHS (child and adolescent mental health services) post-pandemic. They view the pandemic as a catalyst that could open up ways to new possibilities and child and adolescent psychiatrists (CAPs) as being in a unique position who deliver services to manage the psychosocial impact of the ongoing crisis. Authors describe the response to the pandemic and a surge in social justice activism on a background of systemic racism as competing urgencies in the United States. Thus, they establish a context to explore the impact of COVID-19 pandemic on personal and professional lives of child and adolescent psychiatrists by conducting a qualitative study.

They conduct in-depth semi-structured interviews, with a component of photo-elicitation and a reflective exercise using sensitizing questions in a purposive sample (n=24) to explore what is a uniquely American experience. They analyse the transcripts using Braun and Clarke's six-step method of thematic analysis, adopting an inductive approach and identify "pivot points" ("the shifting of existing momentum in a new direction"). Unsettling ("who have we been?"), adaptation ("who are we now?") and reimagination ("who will we become?") are the three overarching themes that emerge from their analysis. Participants envision improved practices arising from dissatisfactions exposed by the pandemic.

The team concludes that the pandemic has assisted CAPs in realizing the field's

strengths with a renewed sense of purpose to stay committed to their profession. It has also brought the underlying discontents to the forefront and accelerated the need for a shift in practices toward a reimagined future. Pandemic-driven posttraumatic growth will depend on the way CAP leadership handles the discontents and hopes identified. Authors recommend a follow-up study as the impact of factors such as participant's age, career stage and family status on the nature of response to the pandemic and social justice activism remain unexplored.

References:

DiGiovanni, M., Weller, I. & Martin, A. Pivoting in the pandemic: a qualitative study of child and adolescent psychiatrists in the times of COVID-19. *Child Adolesc Psychiatry Ment Health* 15, 32 (2021). <https://doi.org/10.1186/s13034-021-00382-6>.

Stupar, D., Stevanovic, D., Vostanis, P. et al. Posttraumatic stress disorder symptoms among trauma-exposed adolescents from low- and middle-income countries. *Child Adolesc Psychiatry Ment Health* 15, 26 (2021). <https://doi.org/10.1186/s13034-021-00378-2>.

Urao, Y., Yoshinaga, N., Asano, K. et al. Effectiveness of a cognitive behavioural therapy-based anxiety prevention programme for children: a preliminary quasi-experimental study in Japan. *Child Adolesc Psychiatry Ment Health* 10, 4 (2016). <https://doi.org/10.1186/s13034-016-0091-x>

Urao, Y., Ohira, I., Koshiba, T. et al. Classroom-based cognitive behavioural therapy: a large-scale non-randomised controlled trial of the 'Journey of the Brave'. *Child Adolesc Psychiatry Ment Health* 15, 21 (2021). <https://doi.org/10.1186/s13034-021-00374-6>.

EDUCATION AND CONSULTATIVE SERVICES

of UPMC Western Psychiatric Hospital

4th Biennial Child and Adolescent Bipolar Services (CABS) Conference Untangling Bipolar Disorder in Youth: Comorbidity, Differential Diagnosis, and Treatment



Thursday, October 7, 2021
8:30 a.m. to 4 p.m.



Keynote Speaker

Boris Birmaher, MD
Professor of Psychiatry
Endowed Chair in Early Bipolar Disorder
University of Pittsburgh
Director of the CABS Clinic
UPMC Western Psychiatric Hospital

[Register here](#) for this virtual event.

This activity has been approved for *AMA PRA Category 1 Credit™*.

UPMC
LIFE CHANGING MEDICINE



Endorsed by

IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

ADVERTISING OPPORTUNITIES!

Approximate circulation: 4,500

Distributed to the entire IACAPAP membership!!

Deadline	15 November 2021 (Graphics are due upon purchase of ad space)
Full Page	USD 2,000 (full colour)
½ Page	USD 1,500 (full colour)
¼ Page	USD 900 (full colour)

Print Ad Specifications

Full page 8.5”w x 11”h

1/2 page 7.25”w x 5”h

1/4 page 3.5”w x 5”h

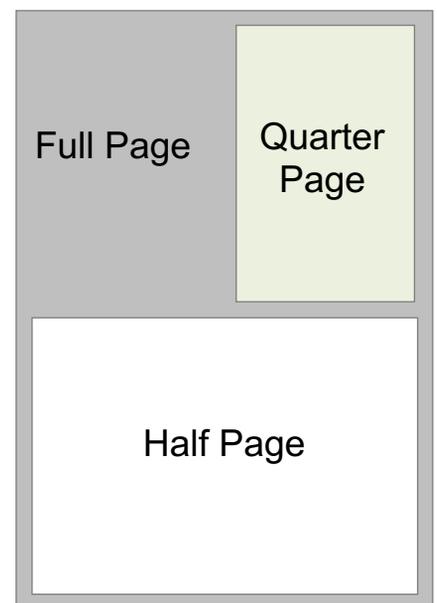
Conditions Advertising space is limited, and ads will be accepted on a first-come, first-served basis. The IACAPAP has the right to refuse or approve all ads. No ads will run until payment has been received. A late payment charge is assessed on unpaid balances. The late payment fee is 1.5% of the unpaid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

Please note: Commissions for advertising agencies are not included.

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

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

For enquiries, please email info@iacapap.org





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

SUBMIT AN ARTICLE TO THE IACAPAP BULLETIN!

For more information please contact:

Hesham Hamoda

hesham.hamoda@childrens.harvard.edu

Maite Ferrin

maiteferrin@yahoo.es



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

IACAPAP Member Organisations

Full Members

American Academy of Child and Adolescent Psychiatry (AACAP)

Asociacion Argentina de Psiquiatria Infantil y Profesionales Afines (AAPI)

Asociacion de Psiquiatria y Psicopatologia de la Infancia y la Adolescencia (APPIA)

Asociación Española de Psiquiatría del Niño y del Adolescente AEPNyA | Spanish Society of Child and Adolescent Psychiatry (AEPNYA)

Associacao Brasileira de Neurologia, Psiquiatria Infantil e Profissoes Afins (ABENEPI)

Associacion Mexicana de Psiquiatria Infantil A.C. (AMPI)

Association for Child and Adolescent Mental Health (ACAMH)

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

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

Association for Child and adolescent psychiatry in Bosnia and Herzegovina

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

Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

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

Canadian Academy of Child and Adolescent Psychiatry (CACAP)

Child and Adolescent Psychiatry Section of Estonian Psychiatric Association

Child Mental Health Association in Egypt

Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)

Chinese Society of Child and Adolescent Psychiatry (CSCAP)

Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)

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

Egyptian Child and Adolescent Psychiatry Association (ECAPA)

Emirates Society for Child Mental Health

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

Finnish Society for Child and Adolescent Psychiatry (LPSY)

Flemish Association of Child and Adolescent Psychiatry (VVK)

French Society of Child and Adolescent Psychiatry and Allied Health (SFPEADA)

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

Hungarian Association of Child Neurology, Neurosurgery, Child and Adolescent Psychiatry (HACAPAP)

Icelandic Association for Child and Adolescent Psychiatry

Indian Association for Child and Adolescent Mental Health (IACAM)

Iranian Association of Child and Adolescent Psychiatry (IACAP)

Italian Society of Child and Adolescent NeuroPsychiatry (SINPIA)

Korean Academy of Child and Adolescent Psychiatry (KACAP)

Kuwait Association for Child and Adolescent Mental Health (KACAMH)

Latvian Association of Child Psychiatrists (LACP)

Lithuanian Society of Child and Adolescent Psychiatry

Malaysian Child and Adolescent Psychiatry Association (MYCAPS)

Netherlands Psychiatric Association - Department of Child and Adolescent Psychiatry (NnVP)

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

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

Philippines Society for Child and Adolescent Psychiatry (PSCAP)

Polish Psychiatric Association - Child and Youth Psychiatry Section

Portuguese Assoc. of Child and Adolescent Psychiatry (APPIA)

Posikiater per Femije dhe Adoleshent (KCAHAMHA)

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

Romanian Society of Neurology and Psychiatry for Child and Adolescent (SNPCAR)

Russian Association for Child Psychiatrists and Psychologists (ACPP)

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

Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association

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

IACAPAP Member Organisations

Full Members Continued...

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

Slovenian Association for Child and Adolescent Psychiatry (ZOMP)

Société Belge Francophone de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associees (SBFPDAEA)

Sociedad Espanola de Psiquiatria y Psicoterapia del Nino y del Adolescente Spanish Society of Child and Adolescent Psychiatry and Psychotherapy (SEYPNA)

Sociedad Uruguaya de Psiquiatria de la Infancia y la Adolescencia (SUPIA)

Société Tunisienne de psychiatrie de l'enfant et de l'adolescent (STPEA)

Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP)

Svenska Föreningen för Barn-och Ungdomspsykiatri. | The Swedish CAP association (SFBUP)

Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SGKJPP)

The Hellenic Society of Child and Adolescent Psychiatry (HSCAP)

The Hong Kong College of Psychiatrist

The Israel Child and Adolescent Psychiatric Association

The Japanese Society of Child and Adolescent Psychiatry (JSCAP)

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Turkish Association of Child and Adolescent Psychiatry (TACAP)

Affiliated Members

African Association Child & Adolescent Mental Health (AACAMH)

Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

Asociacion Mexicana para la Practica, Investigacion y Ensenanza del Psicoanalisis, AC (AMPIEP)

ASSOCIATION EUROPÉENNE DE PSYCHOPATHOLOGIE DE L'ENFANT ET DE L'ADOLESCENT (AEPEA)

Eastern Mediterranean Association Of Child and Adolescent Psychiatry & Allied Professions (EMACAPAP)

European Federation for Psychiatric Trainees (EFPT)

European Society for Child and Adolescent Psychiatry (ESCAP)

Federación Latinoamericana de Psiquiatria de la Infancia, Adolescencia, Familia y Profesioness Afines (FLAPIA)

First Step Together Association for special education (FISTA)

Pakistan Psychiatric Society (PPS)

IACAPAP Officers

www.iacapap.org

BUREAU

President

Daniel Fung Shuen Sheng MD

CEO, Institute of Mental Health
Singapore

Adjunct Associate Professor
Lee Kong Chian School of Medicine,
Nanyang Technological University
Yong Loo Lin Medical School and
DUKE NUS Medical School, National
University of Singapore
daniel_fung@imh.com.sg

Secretary General

Christina Schwenck PhD

Professor for Special Needs
Educational and Clinical Child and
Adolescent Psychology
Justus-Liebig-University Gießen
Germany
christina.schwenck@psychol.unigiessen.de

Treasurer

Petrus J de Vries MD

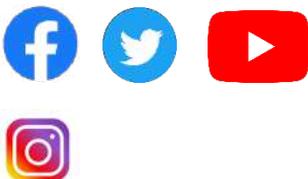
Sue Struengmann Professor of
Child & Adolescent Psychiatry
Division of Child & Adolescent
Psychiatry
Department of Psychiatry and
Mental Health
University of Cape Town
South Africa
petrus.devries@uct.ac.za

Past President

Bruno Falissard MD, PhD

Professor of Public Health,
Université Paris-Sud. Paris, France.
bruno.falissard@gmail.com

Connect with us!



Vice Presidents

Andres Martin MD, MPH (USA)

andres.martin@yale.edu

Bung-Nyun Kim MD, PhD (South Korea)

kbn1@snu.ac.kr

Flora de la Barra MD (Chile)

torbarra@gmail.com

Hesham Hamoda MD, MPH (USA)

hesham.hamoda@childrens.harvard.edu

Kajja Puura MD (Finland)

Kajja.Puura@tuni.fi

Maite Ferrin MD, PhD (Spain)

maiteferrin@yahoo.es

Michal Goetz MD (Czech Republic)

michal.goetz@fmotol.cuni.cz

Nicholas Mark Kowalenko MD

(Australia)

Nicholas.Kowalenko@health.nsw.gov.au

Tolulope Bella-Awusah MD

(Nigeria)

bellatt2002@yahoo.com

Honorary Presidents

Helmut Remschmidt MD, PhD

(Germany)

remschm@med.uni-marburg.de

Myron L. Belfer MD, MPA (USA)

Myron_Belfer@hms.harvard.edu

Per-Anders Rydelius MD, PhD

(Sweden)

per-anders.rydelius@ki.se

Monograph Editor

Matthew Hodes MBBS, BSc, MSc, PhD, FRCPsych (UK)

m.hodes@imperial.ac.uk

Monograph Co-Editor

Petrus J de Vries MD (South Africa)

petrus.devries@uct.ac.za

Bulletin Editor

Hesham Hamoda MD, MPH (USA)

hesham.hamoda@childrens.harvard.edu

Bulletin Deputy Editor

Maite Ferrin MD, PhD (Spain)

maiteferrin@yahoo.es

e-Textbook Editors

Andres Martin MD, MPH (USA)

andres.martin@yale.edu

Joseph M. Rey MD, PhD (Australia)

jmrey@bigpond.net.au

Helmut Remschmidt Research Seminars Coordinators

Per-Anders Rydelius MD, PhD

(Sweden)

per-anders.rydelius@ki.se

Petrus J de Vries MD (South Africa)

petrus.devries@uct.ac.za

Donald J. Cohen Fellowship Program Coordinators

Ayesha Mian MD (Pakistan)

ayeshamian174@gmail.com

Naoufel Gaddour MD (Tunisia)

naoufel.gaddour@gmail.com

Presidential Fellows for Global Education

Julie Chilton (USA)

Julie.chilton@yale.edu

Presidential Fellows for Global Fundraising

Liu Jing (China)

lijuch@163.com

IACAPAP Councilors

Füsün Cetin Çuhadaroglu (Turkey)

fusuncuha@gmail.com

Gordon Harper MD (USA)

Gordon_harper@hms.harvard.edu

Yi Zheng (China)

doctorzy@yahoo.com