



By Armencho Petrosian, age category, 13-18 years-old, Me, Human

President's Message

*I*t feels quite surreal to be writing to you as President of an organization that has been my work home for almost 18 years.



IACAPAP
Webinar on Allied
Professionals
2026

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4th IACAPAP Art
Heal the Soul
Drawing Contest

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28th World
Congress of
IACAPAP in
Auckland

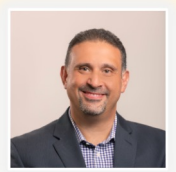
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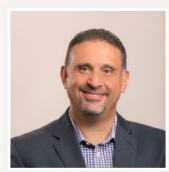
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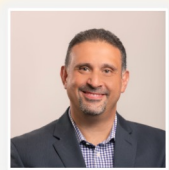
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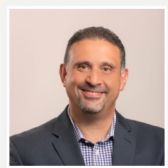
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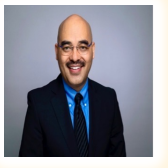
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President's Message

By: Ayesha Mian MD, SFHEA, DFAACAP

IACAPAP President
Founder & CEO, Synapse Pakistan

Hello and Salam!

It feels quite surreal to be writing to you as President of an organization that has been my work home for almost 18 years. IACAPAP feels like a large, dedicated family – scattered across time zones, arguing affectionately about diagnostic categories, united by the same stubborn belief that children everywhere deserve better mental health care. I'm grateful to be part of it, and even more grateful to be trusted with this role.

Before anything else, I want to thank the outgoing Bureau. It's easy to point to what's visible – the MOU with the SNF Global Center at CMI, the regional lunch and learn webinars, the bulletin columns that gave younger members a real voice, the partnership with the Lancet ADHD series, and many more firsts. But what doesn't get discerned and applauded is the immense dedication behind the scenes: the long email threads, the multitude of decisions made without fanfare, the meetings that run late because someone cared enough to get it right, the early mornings and late night calls because time zones never comply. That's the work nobody writes a column about, and it's the work that actually holds an organization like ours together.



Ayesha Mian
IACAPAP President

I am joined for the next four years by an incredibly erudite bureau; [Andrés Martin](#) as Treasurer, [David Coghill](#) as Secretary-General and [Luis Rohde](#) as Past President. You'll hear me talking more about them over the next few communications, as I introduce them, their life, their work and their hopes for the next four years at IACAPAP. I also want to thank Sue, our Executive Officer; so much of what makes IACAPAP function – the details, the follow-through, the quiet holding-together of things while the rest of us come and go with our terms – happens because of her. Bureaus change. Sue is the constant, and we're lucky for it.

And beyond the Bureau and the Secretariat, I keep thinking of the many clinicians, researchers, and trainees around the world who volunteer their time to this work – running our programs, teaching, translating, showing up to

committees after a full day of seeing patients, because they believe it matters. We are grateful for your efforts.

Whatever we manage to do over the coming years will be built on ground laid by those that came before us. So, thank you, truly.

We have a wonderful team to look ahead to the next four years. I won't use the rest of this first column to lay out a grand plan with timelines and deliverables – you'll get plenty of that in more formal updates. Instead, here's what I'm curious about and excited to work on, and wish to extend an invitation for you to tell me what may be on your mind.

I think a lot about our young professionals. So many brilliant early-career people drift away simply because there weren't visible pathways discernible early enough, and I'd love a trainee in their first year to feel as welcome at IACAPAP as someone who's been coming to congresses for decades. We look forward to bringing you more visible ways to get involved, more organized engagement with programs that carry your voice.

I'm also thinking about how we talk to each other, and to more of us. Our communication team, led by Dr [Hesham Hamoda](#), has done some brilliant work over the past couple of Bureaus – the newsletter, the social media presence, the growing visibility of IACAPAP don't happen by accident. What we'd love to build upon is your voice: our younger members telling us how they want to be

reached, what they wish to hear, how we could advocate and use our voice for our children and youth, and where we could disrupt.

Then there's our member organizations. IACAPAP is really a federation of communities, and we want to spend real time listening to what's happening in yours – what's working, what you're struggling with, what you wish the international body understood better, and what you wish to share.

A quieter, yet steady hope of ours is that we grow into a teaching, learning and knowledge-generating home, where training, mentorship, and research feel connected into initiatives that talk to each other. This one will take time, and we look forward to building it slowly and with deep intentionality.

And yes, fundraising – unglamorous maybe but necessary, so all of the above can actually happen rather than just sound nice in a newsletter.

None of this is a promise of transformation. Organizations like ours change deliberately, in small honest increments, usually because a lot of people quietly did their bit, and we will continue the scaffolding. My hope is that by the end of this term, IACAPAP feels a little more connected, a little more welcoming, and a little more like the community we already are at our best.

More soon – and please, write back. We look forward to always hearing from you.



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions



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27th World Congress of

IACAPAP

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

1–4 July 2026

CCH – Congress Center Hamburg
Hamburg, Germany

www.iacapap-congress.com



**Summary
Article**



IACAPAP 2026 World Congress Concludes with Record-Breaking Success in Hamburg



Opening Ceremony © IACAPAP 2026 World Congress

Hamburg, Germany, 1–4 July 2026 – The 26th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) concluded successfully at the Congress Center Hamburg (CCH), bringing together a truly global community of experts dedicated to improving the mental health and well-being of children and adolescents worldwide.

Over four inspiring days, the congress welcomed more than 2,000 registered participants from 114 countries, making it one of the most internationally diverse meetings in the history of IACAPAP. Researchers, clinicians, educators, policy-makers, advocates, and trainees gathered in Hamburg to exchange knowledge, present cutting-edge research, and discuss solutions to the most pressing challenges in child and adolescent mental health.



bringing together a
truly global community



© IACAPAP 2026 World Congress

A Record-Breaking Scientific Programme

IACAPAP 2026 achieved record numbers of abstract submissions, reflecting the growing global interest and scientific momentum within the field. The outstanding response from the international community resulted in a highly diverse and comprehensive programme that covered topics ranging from neuroscience and developmental psychopathology to digital mental health, global access to care, trauma, neurodevelopmental disorders, and health systems strengthening.

The final scientific programme featured:

- 20 Keynote Lectures
- 115 Symposia
- 1 Pro-Con Debate
- 6 Special Sessions
- 2 Industry-Sponsored Symposia
- 28 Oral Presentation Sessions
- 64 Poster Sessions
- 1 Late Breaking News Session
- 12 CME-Certified Workshops with limited attendance
- 9 Meeting Point Sessions

The breadth of the programme highlighted the remarkable scientific progress being made across all regions of the world and reinforced the congress theme of international collaboration and shared learning.



record numbers of
abstract submissions

Industry Collaboration at IACAPAP 2026

The congress featured a technical exhibition from 1–3 July 2026, giving participants opportunities to connect with industry partners, publishers, and service providers. The organisers gratefully acknowledge the support of all sponsors and exhibitors. Two industry-sponsored symposia further enriched the scientific exchange, while complimentary morning coffee breaks in the exhibition area encouraged informal networking and discussion.



© IACAPAP 2026 World Congress

Sharing Research in the Poster Exhibition

Another important element of the scientific programme was the Poster Exhibition, where poster sessions were held from Wednesday, 1 July to Saturday, 4 July 2026. Guided by well-regarded experts serving as chairpersons, the sessions offered presenters a structured format to share and discuss their work. The high quality of the contributions was recognised during the Closing Ceremony on 4 July 2026, where the three best posters were awarded.



Poster Exhibition © IACAPAP 2026 World Congress



Keynote Speaker © IACAPAP 2026 World Congress

World-Class Keynote Lectures

One of the highlights of IACAPAP 2026 was its exceptional keynote programme, which brought together leading voices from across six continents. The congress opened with an inspiring presentation by Joanne Liu (Canada), former international president of Médecins Sans Frontières, whose keynote “Stories from the Frontline” set a powerful tone for the meeting by reflecting on humanitarian work, resilience, and global responsibility.

Throughout the congress, delegates heard from internationally renowned experts including Tomas Paus, Tobias Banaschewski, Guilherme V. Polanczyk, Hilary Cass, Olayinka Olusola Omigbodun, Jörg M. Fegert, Kapil Sayal, Barbara Franke, Yewande Olufunmilayo Oshodi, Argyris Stringaris, Paul L. Plener, Ayesha Mian, Tycho Dekkers, Andrés S. Martin and Cecil Prins-Aardema, Laelia Benoit, Sven Bölte, Bruno Falissard, Ilina Singh, Philip Shaw, and Chiara Servili.

The keynote lectures covered an impressive range of topics, including neuroimaging and genomics, ADHD across the lifespan, autism, self-injury, trauma, digital media and child protection, climate change, gender medicine, health systems strengthening, public and patient engagement in research, and global perspectives on stigma, equity, and access to care. Together, these lectures offered delegates valuable scientific insights while encouraging critical reflection on the future direction of child and adolescent mental health services and research.

Beyond the impressive scientific achievements and record-breaking participation, IACAPAP 2026 demonstrated the importance of investing in future generations through initiatives such as the Donald J. Cohen Fellowship Program and the Helmut Remschmidt Research Seminar. Together, these programmes embody IACAPAP’s commitment to mentorship, international collaboration, and capacity building across the global child and adolescent mental health community.

Fostering Future Leaders Through International Mentorship

A distinctive feature of IACAPAP 2026 was its commitment to supporting the next generation of child and adolescent mental health professionals. The Donald J. Cohen Fellowship Program (DJCFP) once again brought together promising clinicians, researchers, and advocates from around the world, many of whom represented countries with limited access to international training opportunities. Throughout the congress, fellows participated in scientific sessions, networking activities, and mentoring opportunities with senior leaders in the field. The programme continues to play a vital role in developing future leaders and strengthening global collaboration in child and adolescent mental health.



DJCFP © IACAPAP 2026 World Congress



Helmut Remschmidt Research Seminar Reunion Reception



The congress also hosted a special Helmut Remschmidt Research Seminar (HRRS) Reunion Reception, bringing together current participants, alumni, faculty members, and long-standing supporters of the seminar. Named after Professor Helmut Remschmidt, one of the pioneers of child and adolescent psychiatry, the HRRS has for many years provided advanced research training and mentorship to young investigators from around the world.

The reunion reception offered a unique opportunity to reconnect with colleagues, celebrate professional achievements, and reflect on the impact the programme has had on international research careers. Attendees shared experiences, renewed collaborations, and welcomed a new generation of researchers into the growing HRRS network. The event highlighted the enduring value of mentorship, scientific exchange, and international friendship that have become hallmarks of both the HRRS and the wider IACAPAP community.





The ten most represented countries among registered participants

- | | |
|----------------------------|-------------|
| 1 Germany | 6 Australia |
| 2 United States of America | 7 Türkiye |
| 3 The Netherlands | 8 Brazil |
| 4 United Kingdom | 9 Sweden |
| 5 Switzerland | 10 India |

International Participation and Global Exchange

The international character of the congress was reflected not only in the number of participating countries but also in the diversity of perspectives represented throughout the programme.

This global participation created unique opportunities for networking, collaboration, and the exchange of experiences across different healthcare systems, cultural contexts, and research environments.



© IACAPAP 2026 World Congress



Networking and Community-Building

Networking was an important part of the congress experience. In addition to the scientific sessions, participants had numerous opportunities to connect informally during coffee breaks in the exhibition area, poster sessions, meeting point sessions, and dedicated receptions. A special highlight was the Presidents’ Dinner, held on 4 July aboard the historic museum ship Rickmer Rickmers in Hamburg harbour, which provided a memorable setting for exchange among IACAPAP leadership, invited guests, and colleagues from the international community. These networking formats encouraged personal exchange, fostered new collaborations, and helped strengthen the international IACAPAP community beyond the lecture halls.



Continuing Medical Education

IACAPAP 2026 also provided significant educational value for healthcare professionals. The congress was accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 20.5 CME credits (ECMEC®s). In addition, the Landesärztekammer Hamburg awarded 21 credit points for participation in the congress days. Each of the congress workshops received separate accreditation with 5 CME credits, offering delegates additional opportunities for in-depth learning and professional development.



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Best Oral Presentations

Reut Naim

OP-06-003 – “Real-time Parent-Child Dynamics of Irritability: Ecological Momentary Assessment to Inform Family-Focused Intervention”

Ryan Murray

OP-18-001 – “When trauma context matters: Differential associations of IPV-related vs non-IPV-related maternal PTSS with reflective functioning and child abuse potential, with preliminary moderation evidence”

Cornelius Ani

OP-01-005 – “Designing scalable digital training for CAMHS professionals: a feasibility and early implementation evaluation of ACAMH Learn”

Best Poster Presentations

Guler Yalcin

P-03-010 – “Enhancing Trauma-Informed, Child- and Family-Centered Psychosocial Support in Disaster Response: A Training-Based Model from Türkiye”

Pierre Augé

P-05-002 – “Clinical and cerebral correlates of cholesterol-metabolism biomarkers in Autism Spectrum Disorder”

Eleonora Doz

P-25-001 – “Respond to increasing child and adolescent mental health needs in Europe: a comprehensive review of existing epidemiological data and best practices in collaboration with UNICEF”

Recognising Excellence: Best Presentation Awards

A further highlight of the congress was the recognition of outstanding scientific contributions. Following the evaluation of presentation ratings, reviewer assessments, and voting results, six presentations were selected for the IACAPAP 2026 Best Presentation Awards.



Award Winner



© IACAPAP 2026 World Congress



Looking Ahead

The success of IACAPAP 2026 demonstrated the strength and vitality of the global child and adolescent mental health community. With record participation, an outstanding scientific programme, world-renowned speakers, and vibrant international exchange, the congress provided an important platform for advancing research, clinical practice, education, and advocacy.

As delegates returned to their home countries, they carried with them new knowledge, new collaborations, and renewed motivation to improve the lives of children, adolescents, and families around the world.



Executive Committee © IACAPAP 2026 World Congress



IACAPAP 2026 will be remembered not only for its impressive numbers, but also for its spirit of global partnership and its shared commitment to building a healthier future for young people everywhere.



28th World Congress of
IACAPAP 2028

19–22 September 2028

Tāmaki Makaurau | Auckland
Aotearoa | New Zealand



**Tāmaki Manaaki,
Manaaki Tamariki,
Manaaki Manuhiri.**

Our responsibility is to look after our children and our guests.

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International Association for Child and
Adolescent Psychiatry and Allied Professions



www.iacapap-congress.com

Safe Harbours, Stronger Bridges: Reflections from the 2026 Donald J. Cohen Fellowship

By: Angelique Nicole Chetty¹, Bianca Kann², Erica Koopmans³, Erina Horikawa⁴, Fatma Swilem⁵, Güler Yalcin⁶, Joemer Maravilla⁷, Konstantin Kopp⁸, Marianna Ruiz⁹, Nur Ihsanti Amalia¹⁰, Ruth Charlotte Entsuh¹¹, Saba Nisa¹², Théo Tarik Mouhoud¹³, Virak Nuth¹⁴

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²Universidade Presbiteriana Mackenzie, São Paulo, Brazil

³Child Health BC, Provincial Health Services Authority, Vancouver, Canada

⁴University of Utah, Huntsman Mental Health Institute, Salt Lake City, Utah, United States of America

⁵Children and Adolescent Mental Health Service, Cambridge and Peterborough NHS Foundation Trust, Peterborough, United Kingdom

⁶Department for Child and Adolescent Psychiatry, Necmettin Erbakan University Faculty of Medicine, Konya, Türkiye

⁷University of Queensland, Australia, Queensland Centre for Mental Health Research, Australia, and Far Eastern University, Philippines

⁸Department for Child and Adolescent Psychiatry, Medical University of Vienna, Vienna, Austria

⁹Health and Welfare, NORCE Norwegian Research Center, Bergen, Norway

¹⁰Sehat Jiwa Bahagia, Jakarta, Indonesia

¹¹Alberta Hospital, Edmonton, Canada

¹²Faculty of Nursing, University of Alberta, Edmonton, Canada

¹³ Sorbonne Paris Nord University, UTRPP, UR 4403, F-93430 Villetaneuse, France AP-HP, Avicenne Hospital, Department of Child, Adolescent, General Psychiatry and Addictology, F-93009 Bobigny, France

¹⁴Takeo Provincial Health Department, Ministry of Health, National Road No. 2, Doun Kaev Municipality, Takeo Province 21080314, Cambodia

Working in child and adolescent mental health can often feel like navigating rough seas, with no clear horizon and a constantly changing course to chart. Against the backdrop of Hamburg's historic harbour and network of bridges, the 2026 Donald J. Cohen Fellowship at the 27th IACAPAP World Congress offered something rare: a place to

anchor. Over four days, fellows and mentors from across the globe gathered to discuss the future of child and adolescent mental health and to reflect on the human experiences that shape our work. We arrived carrying questions, hopes, insecurities, and ambitions, and left carrying something else: a global community.



Figure 1:
Fellows and
mentors who
participated
on site in the
Donald J.
Cohen
Fellowship
2026.

Docking in a Safe Harbour

Each fellow arrived in Hamburg carrying more than luggage. Some brought self-doubt, others were navigating personal or professional transitions, and many questioned the impact of their work in challenging contexts. As fellow Güler Yalcin (Türkiye) reflected:

"I think many of us arrived in Hamburg with questions. Questions about the Fellowship, about the people we would meet, about the kind of space we would enter, and perhaps also about our own place in the broader field of child and adolescent mental health. What was uncertain at first slowly became a harbour. Not a place where we remained still, but a place where we could anchor for a while, listen to one another,

exchange stories, and begin to feel part of something larger than ourselves."

For Saba Nisa (Canada/Pakistan), the journey to the fellowship meant leaving her infant and family for the first time.

"As the plane crossed the Atlantic, excitement and maternal guilt travelled with me. I was pursuing an opportunity that could shape my academic and professional journey, but I was also leaving behind the people who mattered most to me. Then, when my flight was cancelled in Amsterdam, I spent the night on a six-hour bus journey to avoid missing the Congress. Looking back now, every challenge was worth it. The fellowship became a space for

connection, mentorship, reflection, and belonging. Sometimes, a journey takes you across continents only to lead you to the people who make the world feel a little smaller, and the work of caring for children and adolescents feel a little less lonely."

One of the fellowship's greatest strengths was its ability to create a space where vulnerability was encouraged. This was reflected by many of this year's fellows.

"I was at a critical transitional period of my life and career, with a lot of self-doubt and self-defeat. I even had to postpone a professional assessment to attend the fellowship and battled anxiety throughout the decision. Yet once I met the coordinators, mentors, and fellows, everything changed. Their stories and authenticity reminded me that I was already on the right path. A central lesson for me was that vulnerability and strength can coexist, and that success is measured not by titles or awards but by the meaningfulness of what we do and the lives we touch." - Ruth Charlotte Entsuah (Ghana/Canada)

"I was deeply moved by the way the fellowship created room for both vulnerability and growth, allowing impostor syndrome to give way, little by little, to

confidence and empowerment." - Angelique Nicole Chetty (South Africa)

"The quote, 'I am unique. I am vulnerable. I am capable.' reminded me to embrace growth with confidence" - Virak Nuth (Cambodia)

"I learned that I can be vulnerable and capable at the same time." - Konstantin Kopp (Austria)

In a field often characterized by expertise and authority, the willingness of both fellows and mentors to share their personal struggles and uncertainties fostered a culture of authenticity that encouraged everyone to participate, establishing a safe harbour.

Building Bridges Across Cultures and Continents

Beyond the harbour, Hamburg is often called the city of bridges, with more than 2,500 spanning its waterways. For many fellows, the city's bridges also became a fitting metaphor for the connections formed throughout the week.

"Two years ago, a mentor asked me to describe my purpose in life using a metaphor. My answer was simple: I want to be a bridge. Throughout life we see how unequal access to education, healthcare, and opportunity can be. I wanted to help people move from a difficult life towards an easier one, even if I did not yet

know how. Arriving in Hamburg, a city famous for its bridges, I found that metaphor reflected everywhere around me. I met people who were bridges between countries, cultures, ideas, and communities." - Nur Ihsanti Amalia (Indonesia)

The fellowship itself became a bridge between vastly different professional realities. Fellows came from settings with different resources, healthcare systems, cultures, and challenges, yet discovered common ground in their commitment to children and families. These differences enriched conversations and expanded perspectives.

As Marianna Ruiz (Costa Rica/Norway) reflected, *"Across languages, disciplines, experiences, and ways of seeing the world, we practised a kind of transcultural thinking, not dissolving our differences but allowing them to deepen the conversation."*



Figure 2: Fellows enjoying dinner and a World Cup match together, sharing a relaxed evening beyond the programme activities.

From Colleagues to Friends

Perhaps the most unexpected outcome of the fellowship as we docked in the harbour and built bridges was the speed with which strangers became friends. Throughout the week, learning happened everywhere: in lecture halls, over breakfast tables, during evening walks, while cheering on football matches, and during conversations that stretched long after official sessions had ended. These informal moments became as important as the formal program. As a group of fellows, we reflected on how surprising this transformation felt.

"We found ourselves admitting our fears, sharing our hopes, and speaking candidly about personal challenges within days of meeting," - Bianca Kann (Brazil)

"I found a wonderful group of friends. Despite being separated by geography and time zones, I believe the relationships we have built will be long-lasting, strengthened by our diversity, culture, values, and ultimately, our shared mission of improving the mental health and wellbeing of the next generation." - Joemer Maravilla (Australia/Phillipines)

"It's like a return to adolescence, with an experience that feels like summer camp in its intensity, its authenticity, and its extraordinary nature. Meeting each other, talking, getting along, getting to know one another. Meeting the

mentors, connecting with previous generations, feeling part of a lineage spanning several generations, discovering a culture. I'm leaving with the feeling that I've changed, that I'm no longer the same person, and that I'm no longer a lone wolf." - Théo Tarik Mouhoud (France)

As these reflections highlight, what began as a gathering of professionals from different backgrounds quickly evolved into a community.

Hope in a Challenging World

As we reflected on our experiences in Hamburg and our newfound community, one final theme emerged: hope. The fellowship taught us about vulnerability and built bridges across cultures and disciplines, but perhaps the most enduring outcome was a renewed sense of hope and inspiration for the future of child and adolescent mental health.

"The fellowship gave me authentic hope. Living in the United States, I have watched setbacks related to immigration, climate change, and inequity accumulate over many years. More than apathy, I often felt hopeless. Meeting people from around the world who continue to work tirelessly for change reminded me that we are not alone. We exchanged ideas, advice, and celebrated successes together. I left Hamburg knowing that I am part of a united, change-oriented community, and that knowledge gives me strength to face future challenges." - Erina Horikawa (US/Japan)

"We built friendships, broadened perspectives, and left with renewed hope. For me, that hope is grounded in knowing that I am now part of a community of fellows I can continue to learn from, collaborate with, and turn to for



Figure 3: Past and present fellows and mentors coming together after the closing ceremony, celebrating achievements and the connections that carry the journey forward.

support long after the fellowship has ended.” - Erica Koopmans (Canada)

“Listening to colleagues and mentors from every corner of the world, I realised how much more there is to discover, not because I knew too little, but because this field is so rich, so diverse, and constantly evolving. Rather than feeling overwhelmed, I felt inspired. The experience reignited my curiosity and reminded me that learning never truly ends.” - Fatma Swilem (UK/Egypt)

Carrying the Journey Forward

As the fellowship drew to a close, participants realized that Hamburg was not an endpoint but a beginning. The relationships formed during those few days created a foundation for future collaborations, friendships, and learning. Like ships leaving a harbour, each fellow returned home carrying new ideas, renewed confidence, and a deeper sense of belonging within a global community. Some of us returned to clinics, others to research programmes, advocacy initiatives, teaching roles, or policy work. Yet all carried the same truth, none of us works alone. The bridges built in Hamburg now stretch across continents and the conversations continue across time zones. As we look toward future congresses and future collaborations, we carry forward the enduring legacy of Donald J. Cohen and a belief that by nurturing emerging leaders, creating space for vulnerability,

and supporting one another, we can build a better future for children, adolescents, and families everywhere. Hamburg was our harbour. The fellowship became our bridge. The journey continues.

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A New Era in Child & Adolescent Mental Health Education: J.M. Rey's E-Textbook 2.0

By: Uttara Chari¹, Hee Jeong Yoo², Valsamma Eapen³, John-Joe Dawson-Squibb⁴

¹Associate Professor of Clinical Psychology, St. John's National Academy of Health Sciences, Bengaluru, India

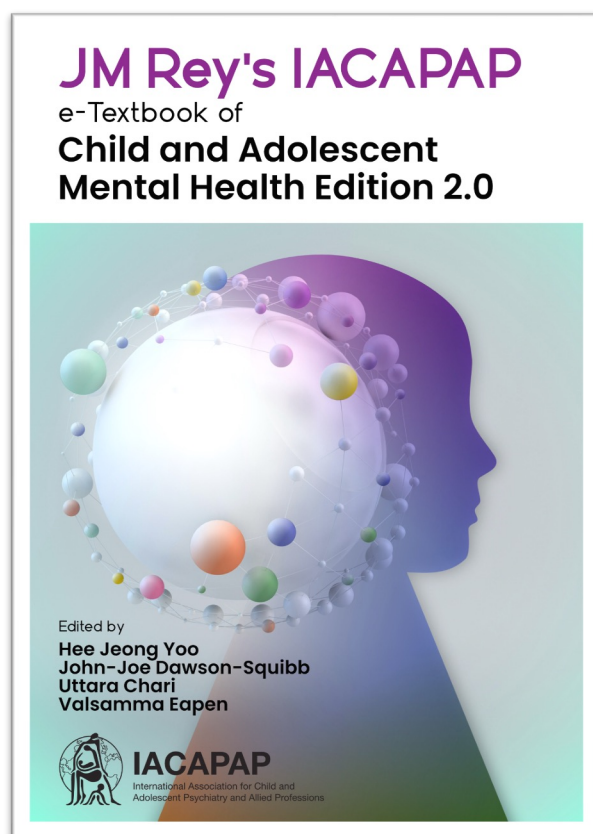
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The J.M. Rey's IACAPAP e-Textbook of Child and Adolescent Mental Health was officially launched in 2012 at the IACAPAP World Congress in Paris. Since then, it has become one of the main academic references for child and adolescent mental health across the globe.

The task of updating this textbook was undertaken in 2022; with a change in the core editorial team. An update was necessary given advances in information technology, digital accessibility, science of child and adolescent mental health, care and treatment. The aim was to have a textbook, accessible on a digital platform, offering individualized reader experience, and scope to readily update content as advances in child and adolescent health care are reported.



With these aims, the textbook was geared to have more audio-visual content, with access to other websites. Readers were to also be provided with personal logins that would allow them to bookmark, highlight, make notes, and utilize audio narration of the content. Of course, keeping with the vision of the original textbook, the content was to be more relevant for readers across the globe; from laypersons to mental health professionals.

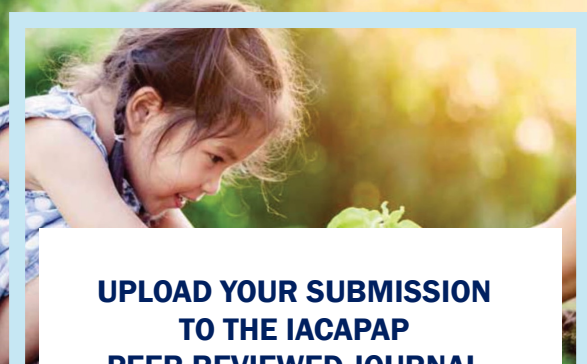
The table below outlines the timeline in the textbook updating process. In the updated textbook, we have sought to bring about a more coherent organization - major sections > subsections > chapters. As it stands currently, the updated textbook has 3 major sections > 15 subsections > 59 chapters. This is a transition from 10 sections and 64 chapters, in the original e-textbook. We have sought to introduce reflective learning as part of the

Behind the Scenes - A glimpse into the updating process timeline	
June 2022 – December 2022	- Onboarding of new Chief editors - Discussion with IACAPAP Bureau and previous editors on vision and purpose of update
January 2023 – June 2023	- Onboarding of editorial assistants - Editorial team discussions on organization and layout of updated textbook - Scouting for technological organization partners for developing digital platform
July 2023 – December 2023	- Finalizing Luman Lab for development and maintenance of digital platform - Sourcing funding support for platform development from Otsuka Pharmaceuticals - Emails sent to chapter authors inviting them to update content, within provided framework
January 2024 – December 2025	- Development of digital platform - Editorial team review of revised manuscripts - Scouting for new authors, in cases of: - Original authors unavailable to update/no communication - New chapters to be incorporated into updated textbook
January 2025 – December 2025	- Editorial team review and finalizing of updated chapters - Trouble shooting issues in the development of digital platform - Drafting and finalizing e-textbook cover page and layout on digital platform
January 2026 – June 2026	- Uploading of finalized chapters on digital platform - Continued follow-up with authors for: - Final proof approval of chapters on digital platform - Updated/new chapters yet to be received - Chapters post editorial review
July 2026	Launch of JM Rey's IACAPAP e-textbook 2.0 at the 27th World Congress at Hamburg, Germany

textbook, via the inclusion of multiple-choice questions at the end of every chapter. Also, attempts have been made to enhance learning through inclusion of case illustrations, with opportunities to apply text material to clinical encounters.

As the J.M. Rey's IACAPAP e-Textbook of Child and Adolescent Mental Health 2.0 is set to launch at the 27th World Congress in July 2026, at Hamburg, Germany; the editors are immensely grateful to the IACAPAP Bureau for their unwavering support and encouragement. A special note of appreciation is extended to Ms. Sue Wong, Executive Officer at IACAPAP, whose organizational skills ensured that work on the textbook progressed systematically. The editors are especially grateful to the authors for volunteering their time and attention to updating/drafting chapters; and their patience through inadvertent lapses and delays. We also acknowledge the contribution of editorial team members, early career mentees, and prior IACAPAP administrative staff who helped review, edit and upload chapters. This journey shall continue beyond the official launch. Whilst challenges persist – coordinating across time zones, time commitments in the background of fulltime employment of all chief editors, loss of editorial team members, technological glitches – we strive to have all the textbook chapters online by year end.

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From Lamentation to Action: Lessons from the World Health Summit Regional Meeting 2026 in Nairobi

By: Charlene Gumbo¹

¹Consultant Psychiatrist, Chiromo Hospital Group, Nairobi, Kenya

Day 1: A Shifting Narrative

The opening of the World Health Summit Regional Meeting (WHSRM) - 2026 hosted at the United Nations Office in Nairobi, was a declaration of intent under the theme:, “Reimagining Africa’s Health Systems: Innovation, Integration, and Interdependence”. The gathering convened over 3,000 policymakers, researchers, and innovators from more than 80 countries.

Global and regional leaders were in attendance. A defining moment during

the opening ceremony was when His Excellency William Ruto, President of Kenya, declared: “Africa is no longer a passive participant in global health; we are an active force shaping its future.” Professor Lukoye Atwoli, the President of WHSRM 2026, grounded the urgency of this moment in equally clear terms: “This summit must move beyond Africa identifying challenges to making commitments, ensuring accountability, and measuring real progress”. He stressed that this meeting must be



Figure 1: World Health Summit Regional Meeting 2026 at United Nations Office Nairobi

different from past gatherings; not a forum for lamentation, but a platform for commitments and accountability for action.

On day one, the session on “Trauma, Displacement, and Crisis Response: African Lessons for Global Mental Health” was a standout. Chaired by Dr. Frank Njenga and co-hosted by Aga Khan University, Chiromo Hospital Group, and the World Health Organization, the session brought together a powerful panel and the key takeaway was: Africa’s lived experience is not merely informing global practice but actively shaping it. Mental health must be embedded within humanitarian and emergency systems; and strong, multisectoral partnerships are critical for sustainable impact.

Day 2: Youth Voices and Breaking Barriers

On Day 2 the focus shifted to systems change and the role of young people in shaping their own futures. In the session on “Youth and Adolescent Mental Health: Building Psychosocial Resilience and Leadership,” I had the privilege of speaking as a panelist.

The Blueprint: Start local; build trust through community, language, and culturally grounded care; then validate and integrate these models into health systems, ensuring youth are not just beneficiaries but co-creators of their own care.

Key tension: How do we scale community-led innovations without



Figure 2: Panel for session on "Trauma, Displacement, and Crisis Response" at WHSRM 2026: Dr. Frank Njenga (chair), Dr. Radwa Said Elfeqi, Dr. Juliet Nakku, Mercy Githara, and Medhin Selamu.

losing their authenticity? And how do we ensure safety and clinical quality while remaining accessible to the most marginalized?

From a clinical lens, we must bridge community and digital mental health with specialized psychiatric care, creating seamless referral pathways. We challenged the system: Why are community-led innovations still treated as “pilots” rather than integral to health systems? What will unlock sustainable financing for youth mental health across Africa, including data on youth suicidality? And how do we ensure youth are leaders, not just beneficiaries?

Equally powerful was the session on “Mental Health, Psychosocial Support, and Well-being: Breaking Barriers through Multisectoral and Integrated Approaches,” chaired by Mary Bitta, PhD, alongside an inspiring panel including Dr. Francisca Ongecha. The discussion

reinforced that tackling stigma and advancing mental health requires coordinated, cross-sector action grounded in real-world collaboration.

The energy was palpable on day 2; strong, engaged youth presence asking the right questions. The takeaway from this day was: Africa does not lack innovation in youth mental health - we need to trust it, fund it, and scale it.



Figure 3: Panelists at the WHSRM 2026 session on youth and adolescent mental health. "Youth and Adolescent Mental Health: Building Psychosocial Resilience and Leadership," including Charlene Gumbo, Amisa Rashid, Aviwe Funani, and Dr. Innocent Yusuf.

Day 3: Closing with Accountable Ambition

The final day of WHSRM 2026 brought a sobering reality check. Across dozens of sessions, one recurring truth emerged: Africa has the knowledge, and increasingly the solutions, but not yet the financing, systems, or political will to match.

On health financing, the numbers were stark: Africa carries 22% of the global disease burden but contributes just 1% of global health expenditure. External support is shrinking, debt rising, climate risks accelerating. The Africa CDC Ministerial Dialogue was clear: domestic resources, institutional ownership, and debt-for-health swaps are necessary. Sovereignty is built, not declared.

On manufacturing: Africa cannot negotiate health sovereignty while remaining dependent on external supply chains. The conversations on regional vaccine manufacturing and supply chain resilience were timely reminders that industrial capacity is imperative.

On women's health, the launch of the WHO-Aga Khan University Collaborative Initiative on Breast and Cervical Cancer was a moment worth marking. This new partnership combining research expertise, policy leadership, and community engagement was celebrated as a model regional approach to women's cancers; combining global science with African leadership to advance health equity for girls and women.

And on mental health, the message was unequivocal: mental health is the SDG blind spot - the target Africa is most consistently failing to meet. As Dr. Linnet Ongerikioi noted, mental health is not a soft issue. It is a financing, systems, and equity issue. Every conversation about UHC, climate resilience, and women's health that excludes mental health is incomplete.



Figure 4: Dr. Charlene Gumbo, author of this article, at the World Health Summit Regional Meeting 2026 in Nairobi.

The summit closed with remarks from His Excellency, Kithure Kindiki, the Deputy President of Kenya and Professor Lukoye Atwoli, expressing gratitude to organizers, partners, and participants. The closing affirmed Nairobi’s emergence as a credible host for global health diplomacy and called for sustained follow-through on the commitments made.

Moving Forward

I leave WHSRM 2026 with a clearer sense of what accountable ambition looks like and a sharper responsibility to keep pushing for mental health to be at the center of Africa’s health agenda, not at its margins. For child and adolescent mental health professionals worldwide, the call to action is clear: we must move from dialogue to implementation, embedding youth-centered care within broader health systems, and ensuring that young people are not just the subject of our research but the leaders of our solutions.

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From Pandemic Innovation to a Global Learning Community: An International Complex Case Conference in Child and Adolescent Psychiatry

By: Salma Malik, MD, MS, DFAACAP, DFAPA¹

¹Professor of Psychiatry, Frank H. Netter MD School of Medicine, Quinnipiac University
Program Director, Child and Adolescent Psychiatry Fellowship
Institute of Living, Hartford HealthCare, Hartford, Connecticut, USA

Conference at a Glance

Participating Programs

- Institute of Living/Hartford HealthCare, Hartford, Connecticut, USA
- University of Connecticut Health Center, Farmington, Connecticut, USA
- Creighton University Medical Center, Omaha, Nebraska, USA
- University of Tennessee Health Science Center, Memphis, Tennessee, USA
- Stellenbosch University, South Africa
- Al Amal Psychiatric Hospital, Emirates Health Services, Dubai, United Arab Emirates

Conference Format

- Monthly virtual conference
- Rotating host institution
- Fellow-led presentation of a complex clinical case
- Multidisciplinary expert panel discussion
- Interactive, case-based learning using progressive case disclosure

The COVID-19 pandemic transformed medical education almost overnight. Across the globe, educators were challenged to rapidly transition from traditional classroom teaching to virtual learning. While initially driven by necessity, this shift highlighted an opportunity to rethink how physicians learn and how educational communities can remain connected despite geographical barriers. Rather than simply transferring lectures to an online platform, many programs began exploring innovative teaching models that emphasized collaboration, learner engagement, and critical thinking.

At the Institute of Living Child and Adolescent Psychiatry Fellowship Program at Hartford HealthCare, we embraced this opportunity to redesign our educational approach. Guided by principles of adult learning and case-based education, our faculty developed interactive learning experiences that emphasized discussion, reflection, clinical reasoning, and active learner participation.



Our journey began with a faculty work group dedicated to developing a seminar curriculum using Case-Based Learning (CBL). To better understand educational needs across fellowship programs, we conducted a national needs assessment examining interactive learning within Child and Adolescent Psychiatry (CAP) fellowships. Faculty from more than 50 ACGME-accredited programs participated, with over 90% reporting they were somewhat or extremely motivated to adopt more interactive teaching strategies. These findings reinforced the growing recognition that adult learners benefit most from educational experiences that encourage active engagement, collaboration, and the application of knowledge to authentic clinical problems.

Inspired by these results, faculty from the Institute of Living collaborated with colleagues at the University of Connecticut Health Center, Creighton University Medical Center, and the University of Tennessee Health Science Center to establish a monthly Complex Case Conference. Although conceived during the pandemic, the conference quickly demonstrated educational value that extended well beyond virtual learning and has continued to flourish as an enduring collaborative educational initiative.

Each month, one participating institution hosts the conference. A child and adolescent psychiatry fellow presents a challenging clinical case that is distributed approximately one week beforehand, together with key discussion

questions. During the conference, the case unfolds through progressive disclosure, allowing participants to collaboratively develop diagnostic formulations, refine differential diagnoses, explore evidence-based treatment options, and discuss ethical, developmental, family, and systems-based considerations.

The discussions are facilitated by a multidisciplinary panel that includes child and adolescent psychiatrists, psychologists, clinical pharmacists, neuroscientists, researchers, and invited content experts. This collaborative format creates an intellectually stimulating environment where participants learn not only from the presenting case but also from the diverse expertise and perspectives represented across institutions. Fellows are encouraged to question assumptions, defend clinical reasoning, and appreciate the complexity and uncertainty that often accompany child and adolescent psychiatric practice.

The educational model is grounded in established principles of Case-Based Learning and transformative learning theory. Rather than passively receiving information, learners actively construct knowledge by integrating neuroscience, developmental psychopathology, psychopharmacology, psychotherapy, ethics, and family systems into comprehensive clinical formulations. Faculty facilitators guide discussion through thoughtful questioning while allowing learners the opportunity to

struggle productively with diagnostic and therapeutic decision-making. This approach promotes critical thinking, reflective practice, and lifelong learning.

Over time, the conference has evolved into much more than a teaching exercise. It has become a vibrant forum for scholarly discussion, faculty development, mentorship, and professional networking. Fellows gain confidence presenting complex cases to an audience of educators from multiple institutions, while faculty exchange educational strategies, discuss challenging clinical scenarios, and develop lasting academic relationships. The conference has fostered an environment where learning occurs not only through expert teaching but also through shared experiences and collaborative problem-solving.

Recognizing the tremendous value of international collaboration, the conference expanded globally two years ago with the addition of the Child and Adolescent Psychiatry program at Stellenbosch University in South Africa. The inclusion of colleagues from South Africa introduced new perspectives on service delivery, healthcare systems, cultural influences, and approaches to caring for children and adolescents in diverse settings. Discussions became even richer as participants explored similarities and differences in clinical practice across countries and considered how social determinants, cultural beliefs, and available resources influence psychiatric care.

Most recently, we were especially delighted to welcome the Child and Adolescent Psychiatry Fellowship Program at Al Amal Psychiatric Hospital, sponsored by Emirates Health Services in Dubai, United Arab Emirates, as the newest member of this international collaboration. Launched in February 2026, this fellowship is the first nationally accredited Child and Adolescent Psychiatry Fellowship in the United Arab Emirates, representing an important milestone in the advancement of subspecialty psychiatric training within the region.

The addition of the Dubai fellowship further strengthens our shared commitment to building a truly global community of child and adolescent psychiatry educators and trainees. Fellows and faculty now learn from healthcare systems spanning North America, Africa, and the Middle East. Discussions routinely incorporate cultural perspectives, family structures, healthcare policy, resource availability, and innovative approaches to child and adolescent mental healthcare. Beyond enriching clinical education, these partnerships create exciting opportunities for collaborative scholarship, faculty development, research initiatives, curriculum innovation, and future global mental health projects.

Today, the International Complex Case Conference demonstrates how technology can bring together educators and trainees across continents in meaningful and enduring ways. Despite

differences in geography, healthcare systems, and available resources, participants share a common commitment to improving the mental health and well-being of children and adolescents worldwide. The conference provides a welcoming environment where curiosity, humility, and mutual respect foster learning across cultures and disciplines.

What began as an innovative response to the educational challenges of COVID-19 has grown into a sustainable international network dedicated to excellence in child and adolescent psychiatry education. More importantly, it has created a community of educators and trainees who learn with and from one another. As the collaboration continues to expand, we look forward to welcoming additional training programs from around the world. We hope this initiative will continue to strengthen international partnerships, inspire educational innovation, and prepare future child and adolescent psychiatrists to provide compassionate, evidence-informed, and culturally responsive care for children, adolescents, and families across diverse settings.

Acknowledgement

The author gratefully acknowledges the program directors, faculty, fellows, and multidisciplinary panel members from all participating institutions whose enthusiasm, generosity, and commitment have made the International Complex Case Conference a vibrant and enduring educational collaboration.

Special thanks to:

- **Institute of Living/Hartford HealthCare:** Salma Malik, MD
- **University of Connecticut Health Center:** Asima Zehgeer, MD
- **Creighton University Medical Center:** John (Tony) Pesavento, MD
- **University of Tennessee Health Science Center:** Allison Ford, MD
- **Stellenbosch University, South Africa:** Anusha Lachman, MBChB, PhD
- **Al Amal Psychiatric Hospital, Emirates Health Services, UAE:** Meshal A. Sultan, MD

Conflict of Interest: The author declares no conflicts of interest related to this article

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1. 🚀 **What I Want to Do When I Grow Up**
2. ✈️ **Travelling or My School Field Trip**
3. 🎉 **My Favourite Holiday**
4. 👨‍👩‍👧 **My Family and Friends**



Age Groups

- **Under 6 years old**
- **6-12 years old**
- **13-17 years old**
- **18 years old and above**



How to Enter

Send your coloured drawing via **Facebook Messenger to IACAPAP** by:

 **30 October 2026, 23:59 CET**

Please include:

- First name
- Country
- Age group
- Title of your drawing
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An Interview with IACAPAP International Contribution Award 2026 Winners

By: Dr. Rajesh Mehta¹

¹Child and Adolescent psychiatrist, Children's Hospital of The King's Daughters, Norfolk, Virginia, United States

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

The winners of the International Contribution Award 2026 is:

1. Prof. Helmut Remschmidt, Professor Emeritus of Child and Adolescent Psychiatry, Philipps University of Marburg, Germany
2. Mr. Andreas C. Dracopoulos, Co-President of the Stavros Niarchos Foundation (SNF)

Interview with Prof. Helmut Remschmidt

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

Prof. Remschmidt:

My interest in child and adolescent psychiatry began early in my medical career. One particularly important experience was caring for a young girl with epilepsy, which stimulated my interest in understanding the psychiatric and developmental needs of children.

A major turning point came when, at the age of 35, I was invited to establish the new Chair of Child Psychiatry and Child Neurology at the Freie Universität Berlin. There was very little infrastructure in place, so I had the opportunity and challenge of building a program essentially from the ground up. To learn from the best models, I traveled extensively



Figure 1: Picture taken at the 27th World Congress of the IACAPAP in Hamburg, Germany - Dr Hee Jeong Yoo, Prof Myron Belfer, Prof Luis Rohde and Prof Helmut Remschmidt (from left to right).

throughout Europe, the United States, and Canada, visiting leading centers and meeting many of the people who were shaping child psychiatry internationally.

These international experiences became a defining feature of my career. I later continued my academic work in Marburg, combining clinical care, research, teaching, and international collaboration. My scientific interests have included developmental psychopathology, schizophrenia, psychiatric genetics, eating disorders, forensic psychiatry, and treatment and evaluation research.

What I value most, however, is not simply an individual scientific accomplishment but the opportunity to contribute to the development of child and adolescent psychiatry and, particularly, to the development of younger colleagues.

2. What advice would you give to early-career mental health professionals who are looking to make meaningful contributions to the field?

Prof. Remschmidt:

First, never lose sight of the individual patient. Research, diagnostic instruments, rating scales, and evidence-based guidelines are extremely important, but they should not replace seeing the child or adolescent as a whole person—with an individual personality, family, developmental history, and social environment. This remains one of the principles I consider most important in our field.

Second, develop a broad perspective. Travel if you have the opportunity, meet colleagues from other countries, and learn how child mental health care is practiced in different cultural and health-care

systems. Some of the most formative experiences of my own career came from visiting centers internationally and developing relationships with colleagues around the world.

Third, become involved in research and learn to evaluate evidence critically. One reason I have invested so much effort in research seminars has been to give young scientists the opportunity to present their work, receive critical feedback from experienced researchers, and establish international networks.

Finally, seek good mentors—and later become a mentor yourself. A career is not built entirely through individual achievement. It develops through relationships, collaboration, intellectual curiosity, and a willingness to create opportunities for those who follow you.

That philosophy continues to be reflected in IACAPAP today: the Helmut Renschmidt Research Seminars are specifically designed as a research-capacity-building program for early-career child and adolescent mental health researchers.

3. How has mentorship played a role in your professional growth, and what qualities do you think make a great mentor?

Prof. Renschmidt:

Mentorship has been extremely important throughout my professional life, but I would think about mentorship broadly. Different people have played different roles at different stages of my career.

James Anthony was particularly important because he recruited me into IACAPAP. Albert Solnit subsequently encouraged me to stand for President of IACAPAP. Lionel Hersov was a fatherly adviser to me for many years.

There were many other relationships that shaped my international career. Colette Chiland was our leader on my first trip to China in 1984. Donald Cohen became a dear friend, and we traveled together to many countries. Our friendship was particularly meaningful to me, and after his death I wanted to preserve his memory through the Donald Cohen Fellowship Program.

Irving Philips helped secure for me the honor of being named an International Scholar of the American Psychiatric Association. Salvador Celia and I were connected through many activities in Brazil. Kari Schleimer, the historian of IACAPAP, together with Per-Anders Rydelius, organized the 14th IACAPAP World Congress in Sweden. Per-Anders later

worked with me on numerous research seminars around the world. Barry Nurcombe was an important connection with Australia and a remarkable scholar. He visited us in Marburg on three occasions.

These experiences taught me that a good mentor does more than teach. A mentor recognizes potential, opens doors, introduces young people to new ideas and new colleagues, gives constructive criticism, and sometimes encourages them to take opportunities they might not have pursued on their own.

For me, there is also a responsibility to pass that mentorship to the next generation. That principle became central to both the research seminars and the Donald Cohen Fellowship Program.

4. How has IACAPAP influenced your career?

Prof. Remschmidt:

IACAPAP has been an extraordinary part of my professional life. It provided not simply an organizational affiliation, but an international professional community.

James Anthony brought me into IACAPAP, and Albert Solnit encouraged me to seek its presidency. Through IACAPAP I developed friendships and collaborations across Europe, North America, South America, Asia, Australia, and many other parts of the world.

During my leadership, I was particularly interested in initiatives that could have a lasting impact beyond an individual presidency.

One of the initiatives of which I am most proud is the Donald Cohen Fellowship Program, which I was able to launch at the 16th IACAPAP World Congress in Berlin in 2004. It was created in memory of my dear friend Donald Cohen and to provide opportunities for promising young professionals from around the world. IACAPAP's historical record confirms that the program has continued regularly in association with its World Congresses.

Another major initiative was the development of the research seminars. Their origins go back to research seminars that Martin Schmidt and I began in Germany in 1983. They subsequently developed into European research seminars and then into an international program. They became known as the Helmut Remschmidt Research Seminars, with the international seminars beginning in the IACAPAP era.

I also provided scientific leadership for the WPA Global Program on Child Mental Health from 2002 to 2005, working in collaboration with WHO and IACAPAP.

I am particularly pleased that these were not temporary projects. They became sustainable programs that continued to develop younger

generations of clinicians and researchers

That legacy is still very visible. The 10th Helmut Remschmidt Research Seminar was held in Kloster Irsee, Germany, in September 2025, with 23 fellows from 17 countries, and I was pleased to attend in person. The Donald J. Cohen Fellowship also remains one of IACAPAP's core early-career programs; IACAPAP reported receiving 280 applications for the fellowship associated with the 2026 cycle.

Seeing programs that began many years ago continue to bring together young professionals from around the world is perhaps one of the most rewarding aspects of my association with IACAPAP.

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

Prof. Remschmidt:

One of our continuing challenges is ensuring that child and adolescent mental health receive appropriate attention in medical education and health systems throughout the world. Children and adolescents represent the future, yet specialist resources and training remain very unevenly distributed internationally.

We must continue to strengthen evidence-based practice and research. At the same time, we

should be careful that our increasing ability to measure symptoms does not lead us away from the individual patient. We need both scientific rigor and a deep understanding of the individual child and family.

Psychotherapy and therapeutic skills should also remain an important component of training. Child psychiatrists should not only diagnose and prescribe; they need to understand development, relationships, families, and the psychological experience of the young person.

Another major opportunity is international collaboration and capacity building, particularly for young professionals and for colleagues working in countries where resources for child and adolescent mental health remain limited. International organizations can connect people who otherwise might never have an opportunity to learn from one another.

IACAPAP's current work demonstrates that this need remains very relevant. Its recent programs emphasize education in regions with limited specialist training, multidisciplinary collaboration, open-access educational resources, and continued support for the Donald J. Cohen Fellowship and Helmut Remschmidt Research Seminars.

Ultimately, the future of our field depends on the next generation. We

need to provide young clinicians and scientists with good training, strong mentorship, opportunities to conduct meaningful research, and international relationships. If we can do that while continuing to see each child as an individual person rather than simply a diagnosis or a score, I think child and adolescent mental health has a very promising future.

Interview with Mr. Andreas C. Dracopoulos

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

Mr. Dracopoulos:

At the Stavros Niarchos Foundation (SNF), we are a philanthropic organization committed to supporting initiatives that improve lives around the world. Our grantmaking is organized around four main pillars: Education, Arts & Culture, Social Welfare, and Health & Sports. We have been supporting mental health work under our Health pillar since our inception in 1996. Then in 2001, we made our first grant to the NYU Child Study Center, where we were fortunate to meet Dr. Harold Koplewicz. Dr. Koplewicz has been a close collaborator of SNF's ever since, as is his team at the Child Mind Institute.

Fast forward to 2020, we saw stigma around mental health start to be reduced during the pandemic, and the needs were apparent. In response, we doubled down on our dedication to supporting mental health as part of our Global Health Initiative (GHI) through grants to various projects around the world, all aiming to address numerous aspects of the crisis. This includes the creation of the SNF Global Center for Child & Adolescent Mental Health at the Child Mind Institute, which was based off of the Child & Adolescent Mental Health Initiative (CAMHI) in Greece, a public-private effort to strengthen systems throughout the country, also part of the GHI.

For three decades, we've had the privilege of partnering with many organizations that have dedicated their work to advancing child and adolescent mental health, and we are incredibly grateful for all of our partners working to make a difference in the lives of young people across the globe.

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

Mr. Dracopoulos:

As I am not a mental health professional myself, the most important thing I can say to early-career professionals is: thank you.



Figure 2: Picture taken at the 27th World Congress of the IACAPAP in Hamburg, Germany – Andreas C. Dracopoulos and Prof Luis Rohde (from left to right).

Thank you for choosing to dedicate your time and energy to this field. We are fortunate to have people like you working day in and day out to improve the lives of children around the world. We need you, and we appreciate you!

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

Mr. Dracopoulos:

Mentorship has played a pivotal role throughout my life. At the same time, I believe it's even more important to remember that mentorship goes both ways. At SNF, we are proud of our longstanding internship program, which hosts interns throughout the year. I always remind our interns that we learn just as much from them as they do from us, and

we encourage them to share their thoughts and ideas. In June we hosted SNF Nostos, a weeklong celebration of 30 years of SNF grantmaking, and we once again worked in partnership with our Youth Advisory Committee (YAC), a group of young people from four continents, all 25 and under, who helped shape the creation of the festival. We also worked with them on SNF's 30 for 30: Next-Gen Grants initiative, handing the grantmaking reins to the YAC under the guidance of our colleagues at SNF, ensuring that young people are at the forefront of our work at SNF and playing an active role in our grantmaking. It's all about giving the opportunity for our youngsters to take ownership, be part of the discussion and hopefully solutions, and understand the importance of responsibility and accountability that comes hand in hand with taking that ownership.

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

Mr. Dracopoulos:

We need to focus on the immense challenges, and of course on the resulting opportunities, presented in trying to find solutions. The stigma coming off is just the beginning of a long road ahead. We now have a better understanding of what the problem is around the world, and it's not only with young people. We need to focus on the issue of mental health at large, to collaborate on the ground, across borders, integrate young people in the discussions, and

keep working to find solutions and "catch up" to a problem that has simply run away from us. And finally, we need to think of how we will support the mental health providers and caregivers in their training and education, and providing ongoing support for them too!

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



Laying the Foundation for a CAMH Community in Pakistan

By: Samaa Siddiqui¹, Huda Faisal¹ & Sarah Rizwan¹

¹Synapse - Pakistan Neuroscience Institute, Karachi, Pakistan

To say that there is a scarcity of mental health professionals in Pakistan would be an understatement. Our country is the fifth most populous in the world, with 68% of our population being under the age of 30.¹ According to the WHO, over 24 million people in Pakistan need psychiatric care, and yet we only have 0.19 psychiatrists for every 100,000 people.² Within those practitioners, there are currently even less than ten child and adolescent psychiatrists³, and no trained child psychologists for our overwhelmingly young population. Bridging this gap in child and adolescent mental health (CAMH) in Pakistan was not a choice for us at Synapse - it was a need.

The first step in laying the foundation for a CAMH community of practice in Pakistan was addressing the critical gap in training. Currently, Pakistan has no structured training programs focused on building our capacity to work specifically in the field of CAMH.⁴ It is for this reason that improving training for not just mental health practitioners, but anyone working with children is crucial. This resulted in Synapse organizing the first ever CAMH certificate program in collaboration with the Institute of Business Administration - Centre for

Entrepreneurial Development (IBA-CED). Globally, CAMH training programs take on average two to three years longer than training to work with adults. Considering Pakistan does not have any formal training programs in CAMH, our team at Synapse wanted people working in this field to understand the impact of development, trauma, family systems, and a child's environment on shaping their mental and physical health - not only in the present but also later in their lives. People in Pakistan often assume that children are simply younger versions of adults while in reality, their physical and mental health needs must be addressed by those specialized and competent enough to do so. This is why we at Synapse wanted to highlight that working with children requires much more than just general mental health knowledge and training. Now, more than ever, the need for Pakistan to develop services that are responsible and focused on training for children specifically is immense.

Our efforts to begin to close the gap in the training for CAMH mental health professionals quickly gained traction. Our course had over 50 participants from all over Pakistan and was delivered over 17 weeks by local and global academic faculty who had specific expertise and

training in CAMH. Our team at Synapse intentionally designed the curriculum to begin with what we believe is the cornerstone of effective practice within CAMH - an understanding of child and adolescent development. Through our course, we consistently touched upon the idea that child development is a dynamic process rather than a static one. Every year or month may be drastically different from the last when working with children and adolescents.

Throughout the duration of the course, participants explored entrepreneurship and research in CAMH, as well as four evidence-based therapeutic approaches: Dialectical Behaviour Therapy (DBT), Regulation-Focused Psychodynamic Therapy (RFPT), Psychoanalytic Therapy, and Family Systems and Therapy. These four modules that were focused on different therapeutic approaches gave a

foundational understanding of the modality and its principles. Together, all of the modules were structured in such a way that taught participants to look at CAMH through a developmental lens. The course also enhanced their foundational understanding of practical therapeutic skills, specifically focused on working with children and adolescents. This all came together in tandem in creating the foundation of a CAMH community of practice in Pakistan.

One of our goals that made this program unique was to inculcate the ability to look at CAMH through an entrepreneurial lens. It is clear that the predominantly young population in Pakistan needs more than trained professionals; it needs people who are willing to create new opportunities to improve overall mental wellbeing and service provision for children and adolescents. It is for this reason that we wanted participants to



Figure 1: CAMH Certificate Course participants and faculty at the certificate ceremony, IBA City Campus, Karachi, June 2026 (Photo credit: Institute of Business Administration (IBA), Karachi.)

think beyond individual clinical practice. We wanted them to ask themselves: *What is missing in my community? How can I build it?* Whether that means starting a service, conducting research, or advocating for better care, we wanted participants to see themselves as people who can help shape the future of CAMH in Pakistan.

More importantly, in Pakistan, the absence of a formal CAMH training pathway means that many professionals interested in working with children and adolescents have close to no opportunities to develop specialised competencies, to receive mentorship, or learn evidence-based approaches within a structured program. This is the gap that we at Synapse were trying to fill by not just offering a stand-alone course but by creating a pathway for training within the field of CAMH. By bringing together experts from across disciplines and creating a curriculum grounded in child development, family systems, research, and therapeutic practice, we sought to provide the kind of foundational training that has long been missing. Given that practitioners trained in CAMH are few and far between and the extreme burden on existing mental health resources, our team at Synapse is intentionally mindful that anyone getting trained in our capacity building programs also develops an entrepreneurial mindset. This could be exercising the ability to identify gaps,

develop new initiatives, and create sustainable solutions for the CAMH crisis.

Every participant who completed this course is now part of a growing movement to strengthen CAMH in Pakistan. While this is only the beginning, we hope this program marks the first step towards creating a structured training pathway for CAMH in Pakistan and inspires others to invest in the next generation of professionals who will shape the future of mental health care for children and adolescents. While the certificate course has come to an end, one of its most valuable outcomes has been the creation of a CAMH community of practice. By bringing together professionals from mental health, healthcare, education, research, and community development, we hope to foster a space where learning continues beyond the classroom through the exchange of ideas, resources, and experiences.

Strengthening CAMH capacity requires more than training alone. It also requires creating opportunities for professionals to connect, share knowledge, and continue learning from one another. We hope this community of practice we at Synapse have fostered will continue to grow through future learning opportunities, collaboration, and professional dialogue, contributing to a stronger and more connected CAMH workforce in Pakistan.

Conflict of interest: The authors declare no conflicts of interest.

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Promoting the Mental Health and
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Promoting Digital Well-Being Among Moroccan Adolescents: From Research to School-Based Prevention

By: Samiha Imrani¹

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Adolescent digital well-being is becoming an important concern in Morocco, as in many other countries. Smartphones, social media, online videos, messaging applications, and digital entertainment are now part of adolescents' daily lives. These tools offer opportunities for learning, communication, and creativity. However, when digital use becomes excessive, poorly regulated, or emotionally driven, it may interfere with sleep, concentration, school engagement, family relationships, and psychological well-being.

In the Moroccan context, this issue is particularly relevant because adolescents are growing up in a rapidly changing digital environment, while schools and families are still developing practical ways to address it. Many parents and educators recognize that smartphones have become central in young people's routines, but they often lack culturally adapted tools to discuss digital habits without blaming, frightening, or stigmatizing adolescents. This creates a need for prevention approaches that are educational, respectful, and rooted in the everyday realities of Moroccan youth.

As part of my doctoral research in Education Sciences at Hassan II University of Casablanca, I have been working on problematic Internet and smartphone use among Moroccan adolescents. My research focuses on understanding how digital use is associated with adolescents' daily functioning, including sleep, attention, school engagement, and perceived academic difficulties. Fieldwork with Moroccan students has shown that digital use cannot be reduced to screen time alone. It is also connected to emotional regulation, peer communication, boredom, family rules, school routines, and the availability of meaningful offline activities.

One important step in this work has been the cultural adaptation of research and educational tools. In Morocco, adolescents may speak Arabic (Moroccan dialect), Amazigh, French, or a combination of these languages in their daily lives. For prevention to be understood and accepted, materials need to be linguistically accessible and culturally meaningful. For this reason, Arabic-language and locally adapted supports were prepared to facilitate



Figure 1: A school-based awareness session promoting adolescent digital well-being in Casablanca, Morocco.

classroom-based discussions about digital habits, self-control, sleep, attention, and healthier routines.

Building on this research, school-based awareness sessions were conducted with adolescents in Casablanca. These sessions aimed to create a safe and interactive space where students could reflect on their own digital habits, without feeling judged. The objective was not to present technology as bad, but to help adolescents identify situations in which digital use may become automatic, excessive, or harmful to their well-being. Discussions focused on practical questions: When does smartphone use become difficult to stop? How does late-night scrolling affect sleep? What happens when online activities interfere with homework or attention in class? What strategies can help adolescents regain balance? academic learning; they are also key environments for promoting mental health, self-regulation, and healthy

routines. Teachers and school staff are often among the first adults to notice changes in students' concentration, motivation, fatigue, or social behavior. However, they need simple and evidence-informed tools to respond constructively. School-based prevention can therefore serve as a bridge between research, education, family awareness, and adolescent mental health promotion.

A central principle of this initiative is cultural adaptation. International programs and scientific models are highly valuable, but they cannot simply be transferred from one context to another without adjustment. In Morocco, prevention must consider language, family expectations, school culture, social norms, and unequal access to psychological services. Many adolescents and families may not seek mental health support unless difficulties become severe. This makes early, school-based awareness particularly important.

Another key principle is avoiding a punitive or fear-based approach. Adolescents are more likely to engage when they feel respected and when their digital practices are understood as part of their social and emotional world. Prevention should help them develop awareness, autonomy, and practical strategies rather than shame. For example, students can be encouraged to observe their own patterns, set realistic limits, protect sleep time, reduce automatic checking, and replace some online routines with meaningful offline activities.

This emerging Moroccan initiative remains modest, but it reflects a growing need in the region: to address adolescent digital well-being through culturally adapted, school-based, and preventive approaches. Future steps include strengthening collaboration between researchers, educators, families, and mental health

professionals; developing structured intervention materials; and evaluating the acceptability and effectiveness of school-based prevention programs in Moroccan settings.

Digital tools are now part of adolescent life and will continue to be. The challenge is not to remove them, but to help young people use them in ways that support learning, relationships, creativity, and mental health. In Morocco, as elsewhere, promoting adolescent digital well-being requires listening to young people, understanding their realities, and building prevention initiatives that are both scientifically informed and culturally grounded.

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IACAPAP Special Interest Group (SIG)

Special interest groups in child and adolescent psychiatry focus on specific areas within child and adolescent psychiatry, allowing professionals to delve deeper into research, treatment, and advocacy for these unique populations and concerns.

List of SIG that are available

- International Pediatric Psychopharmacology
- Coercive Control
- Inpatient Child and Adolescent Psychiatry

From National Integration to Global Partnership: Highlights of TSCAP's Growing Engagement and Contributions to IACAPAP

By: Yuan-Chang Hsu, MD, PHD¹; Chien-Ho Lin, MD²; Susan Shur-Fen Gau, MD, PHD, EMBA³

Secretary General¹, President², and Honorary President³
Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Highlight 1: Strengthening International Exchange at the 28th TSCAP Annual Conference

The 28th Annual Conference of the TSCAP was successfully held on June 13–14, 2026, in Taipei, Taiwan, under the theme "Connection and Growth: Child and Adolescent Mental Health Resilience."

A major highlight of the conference was the participation of **Professor Luis Augusto Rohde, President of IACAPAP**, who delivered two keynote lectures, including "New Insights into ADHD Trajectories" and "Bridging Worlds in Child Psychiatry: From Global Child and Adolescent Mental Health to ADHD Research in Brazil." Drawing on his internationally recognized expertise, Professor Rohde shared emerging evidence and perspectives on the developmental course of attention-deficit/hyperactivity disorder (ADHD), enriching scientific dialogue between Taiwanese and international colleagues.

The two-day scientific program featured a broad range of academic and

educational activities, including a PEERS® Social Skills Training workshop, symposia addressing artificial intelligence and Jungian approaches in adolescent psychiatry, a symposium on empowering parents in child mental health care, a dedicated training workshop for early-career child and adolescent psychiatrists, and oral or poster presentations of new research in English.



Figure 1: Joined members of the 28th annual conference of TSCAP.

The conference also marked an important leadership transition. Following the election of the Board of Directors and



Figure 2: Keynote speech of Professor Luis Augusto Rohde in the 28th annual conference of TSCAP.

Supervisors, Dr. Chien-Ho Lin was elected as the 15th President of TSCAP, and Distinguished Professor Susan Shur-Fen Gau was appointed Honorary President. Under this new leadership, TSCAP looks forward to further strengthening its partnerships with IACAPAP and the international community of child and adolescent mental health.

Highlight 2: Advancing Child and Adolescent Mental Health through Policy and Cross-Sector Collaboration in Taiwan

An important milestone for child and adolescent mental health advocacy in Taiwan was reached on July 23, 2026, with the establishment of the **Child and Adolescent Mental Health Committee of the Legislative Yuan Health and Welfare Association**. Professor Susan Shur-Fen Gau, Honorary President of TSCAP, was appointed its inaugural Chairperson.

Figure 3: The establishment press conference of the committee of child and adolescent mental health of Health and Welfare Association in the legislative Yuan.

The Legislative Yuan Health and Welfare Association promotes dialogue and collaboration among legislators, healthcare professionals, policymakers, and other stakeholders to advance health, public health, and welfare policies in Taiwan. The establishment of a committee specifically dedicated to child and adolescent mental health represents growing national recognition of the importance of investing in the mental health and well-being of younger generations.

At the inaugural press conference, Professor Gau emphasized the importance of bringing together multidisciplinary professionals, government agencies, educational institutions, families, and community partners to develop integrated strategies to promote child and adolescent mental health, with particular attention to students' needs.

Through the active engagement of its members in research, clinical practice, education, and policy development, TSCAP hopes that Taiwan's experiences in building cross-sector approaches to child and adolescent mental health can contribute to broader regional and international dialogue.





Figure 4: Members of TSCAP in the 12TH ASCAPAP congress in Seoul, Korea.

Highlight 3: TSCAP Expands Global Engagement through ASCAPAP and IACAPAP

TSCAP continued to strengthen its international engagement in 2026 by actively participating in major regional and global conferences, reinforcing Taiwan's connection with the international child and adolescent mental health community.

TSCAP members actively participated in the 12th Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) Congress in Seoul and the 27th International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) World Congress in Hamburg. In addition to Professor Gau's keynote at ASCAPAP, Taiwanese delegates presented scientific research, contributed to symposia and academic discussions, exchanged perspectives with colleagues from around the world, and developed opportunities for future collaboration.

Beyond sharing Taiwan's research and clinical experiences, TSCAP values ASCAPAP and IACAPAP as important platforms for mutual learning and international collaboration. TSCAP remains strongly committed to IACAPAP's mission and to contributing to its scientific, educational, and professional activities, while strengthening connections between Taiwan, Asia, and the global child and adolescent mental health community.



Figure 5: Members of TSCAP in the 27th IACAPAP world congress in Hamburg, Germany.



Figure 6: The 2027 ASCAPAP congress will be held in Taipei, Taiwan.

Highlight 4: Taiwan Welcomes the International Community to the 13th ASCAPAP Congress in Taipei in 2027

TSCAP is honored to welcome colleagues from Asia and around the world to Taipei, Taiwan, for the 13th ASCAPAP Congress, December 2-5, 2027. Under the theme "Advancing Brain, Mind, and Society for the Next Generation," the Congress will bring together leading experts, clinicians, researchers, allied professionals, and emerging professionals for scientific exchange, interdisciplinary dialogue, and international friendship.

As host society, TSCAP looks forward to strengthening collaboration among ASCAPAP, IACAPAP, and the global child and adolescent mental health community. The official congress website (<https://ascapap2027.org>) will be launched soon. We warmly invite our

IACAPAP colleagues and friends worldwide to join us in Taipei to share science, friendship, and the vibrant spirit of Taiwan while advancing a healthier future for children and adolescents.

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IACAPAP Special Interest Group Webinar on Inpatient Child and Adolescent Psychiatry

From Shared Challenges to Collaborative Action: Setting an International Agenda for Child and Adolescent Inpatient Psychiatry

Date: October 13, 2026

Time: 7 AM EDT
10 PM AEDT
1 PM CEST
11 AM UTC

BOOK YOUR SEAT NOW



Olabode Akintan (Bode), MD FRCPC MBA
SPEAKER



IMPORTANT NOTES

- **The webinar is open to the public.**
- This webinar will be conducted virtually via Zoom.
- Participation is free, but registration is required in advance. Seats are limited, and it's based on first-come, first-served. After registration, a copy of the webinar confirmation email will be sent. By registering for a webinar, consent is given for registration details to be provided to IACAPAP for webinar preparation.
- No certificate of attendance will be provided.
- IACAPAP reserves the right at all times to change, add or remove any terms without prior notice.
- IACAPAP reserves the right to make alterations to the webinar program at any time.
- For more information, please visit

[About the Special Interest Group](#)

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Remote Feeding Support in War-Affected Ukraine: When Multidisciplinary Care Is Out of Reach

By: Olha Voinikova¹

¹Psychologist, Nutritionist, Feeding Therapist, Ukraine

Even before the full-scale war, many Ukrainian families of children with feeding difficulties had limited access to specialized care. Pediatric feeding is interdisciplinary, yet in Ukraine there are still few multidisciplinary feeding teams, limited formal education in this field, and uneven access to trained specialists across regions. Families may consult different professionals, but these perspectives are not always connected into one coherent plan.

The full-scale invasion has deepened these gaps. Displacement, disrupted routines, financial strain, air alerts, interrupted schooling, family separation, and chronic uncertainty have made regular in-person care difficult or impossible for many families. As a result, feeding difficulties may become more intense, while access to specialized support becomes even more limited.

Recent Ukrainian data confirm that war has affected children's eating behaviours. In a cross-sectional online survey of 4,854 children aged 5-17 years, 63% had parent-reported changes during the war, most commonly food cravings, food fussiness, aversion to certain foods, and decreased appetite (1). When a child's world becomes less

predictable, eating may also become less flexible: familiar foods, textures, and routines can become one of the few areas where the child still feels some control.

Feeding difficulties, however, are rarely only about food. The consensus definition of Pediatric Feeding Disorder describes feeding problems across medical, nutritional, feeding skill, and psychosocial domains (2). This framework is especially relevant in Ukraine now: a child who refuses food, eats only a few products, gags with textures, or cries at meals may need more than a recipe or advice to "eat better." The family may need help understanding risks, reducing pressure, rebuilding safe mealtime routines, and knowing when in-person medical or developmental assessment is necessary.

In response to these realities, Ukrainian specialists have increasingly used remote formats to support families when regular in-person care is difficult or unavailable. Remote feeding support is not a replacement for medical examination, swallowing assessment, emergency care, or full multidisciplinary evaluation when serious concerns are present. However, in war-affected and low-resource settings, it may be the only realistic first step for

families who would otherwise remain alone with the problem.

The work usually begins with a detailed history: the child's medical and developmental background, growth, current diet, feeding routine, accepted and refused foods, stressful mealtime situations, and the family's main concerns. Parents are often asked to record short videos of typical meals. These videos are valuable because they show how the child sits, the pace of the meal, how the child handles textures, and whether there are signs of oral-motor difficulty, sensory discomfort, fatigue, distress, pressure, distraction, or avoidance. They also reveal the emotional atmosphere around the table, which is often impossible to understand from a written description alone. After analyzing the history and videos, the specialist meets with the parents online to discuss what is happening, what can realistically be changed first, and how to build a practical plan.

Whenever possible, remote support does not end after one consultation. Families need follow-up, because feeding recommendations often require adjustment. Parents may send new videos, describe what worked and what did not, ask questions, and receive corrections or encouragement. In a situation where families are tired, frightened, displaced, or far from specialized services, this ongoing

contact can be as important as the recommendations themselves.

At the same time, Ukrainian specialists have to keep clear safety limits. Remote support cannot replace direct medical examination, instrumental swallowing assessment, emergency care, or a full multidisciplinary evaluation when the child has choking, coughing during meals, recurrent respiratory symptoms, suspected aspiration, dehydration, faltering growth, significant weight loss, persistent vomiting, pain, severe restriction, or other red flags. In such cases, the remote specialist's role is to recognize risk early and help the family understand where and how to seek in-person care.

For many families, the first goal is not to expand the child's diet immediately, but to reduce panic, stop harmful pressure, and return some predictability to meals. In war conditions, a parent who understands what to observe, when to worry, what to change, and when to seek help is no longer completely alone. This support may protect not only nutrition, but also the parent-child relationship and the emotional safety of mealtimes.

Research with Ukrainian mothers affected by the war shows that feeding practices, maternal wellbeing, and support needs are closely connected in emergencies (3). When caregivers are frightened, exhausted, or unsupported,

meals may become more pressured, even when this pressure comes from love. Supporting caregivers is therefore central to feeding care.

Telepractice in pediatric feeding and dysphagia may improve access when in-person care is difficult to reach. Online work is not suitable for every child, and safety boundaries are essential, but structured remote support can be clinically meaningful when connected to referral pathways.

Remote feeding support should not be understood as “second-best care.” In war-affected Ukraine, it has become a bridge between isolation and professional support, between parental fear and clearer decision-making, between unsafe pressure and responsive feeding, and between a child in need and the multidisciplinary care that may eventually become available. For other countries affected by war, displacement, poverty, or shortage of specialized services, this experience may also be relevant. Families do not stop needing feeding support when systems are under pressure. In fact, they may need it more.

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Conflict of interest: None declared.

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The Art of Interdisciplinary Collaboration: Highlights from the 69th AEPNYA National Congress

By: Covadonga Canga-Espina¹, María Vallejo-Valdivielso¹, Azucena Díez-Suárez¹

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The 69th National Congress of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA) was held in Pamplona, Spain, from 4-6 June 2026 under the inspiring theme "*The Art of Interdisciplinary Collaboration*". Hosted at the Museum of the University of Navarra, the meeting brought together child and adolescent psychiatrists, psychologists, pediatricians, neuroscientists, educators and allied professionals to discuss the latest advances in research and clinical care.

The congress was made possible through the close collaboration between the AEPNYA Scientific Committee and the Local Organizing Committee. Special recognition is due to Dr. María Vallejo-Valdivielso, Dr. Azucena Díez-Suárez and Dr. Covadonga Canga-Espina, whose leadership, together with the rest of the local organizing team, ensured an outstanding scientific programme and a welcoming atmosphere that encouraged discussion, networking and collaboration throughout the meeting. The Scientific Committee also played a fundamental

role in developing a programme that successfully balanced cutting-edge science with everyday clinical practice.

This year's theme was reflected in every aspect of the congress. Rather than focusing solely on psychiatry, the programme highlighted the importance of coordinated work among child and adolescent psychiatrists, psychologists, pediatricians, neurologists, geneticists, nurses, educators and social care professionals. Across plenary lectures, symposia, workshops and *Meet the Expert* sessions, speakers repeatedly emphasized that improving mental health outcomes requires integrated care extending beyond traditional disciplinary boundaries.

One of the most distinctive features of the meeting was its strong international dimension. Renowned experts from Europe and North America joined leading Spanish clinicians and researchers, providing participants with a truly global perspective on child and adolescent mental health. International speakers included Professor Andrés



Figure 1: Local Organizing Committee at the front entrance (left-right): Dr. Pilar de Castro, Dr. Sara Antón, Belén Ochoa, Dr. Covadonga Canga-Espina, Dr. María Vallejo-Valdivielso, Dr. Azucena Díez-Suárez, Dr. Montserrat Pàmias, Dr. María Basteguieta, Dr. Olga Torrecilla, Dr. Eva Sesma. iwan.

Martín (Yale Child Study Center, USA), Professor César Soutullo (University of Texas Health Science Center at Houston, USA), Professor Cédric Galera (University of Bordeaux and Charles Perrens Hospital, France), Dr. Manpreet K. Singh (University of California, Davis), and other distinguished invited experts whose contributions enriched discussions on neurodevelopment, psychopharmacology, precision psychiatry, early intervention and translational neuroscience. Their participation reinforced AEPNYA's growing international profile and its close collaboration with leading centers worldwide.

The scientific programme addressed many of today's most pressing challenges, including ADHD, Autism Spectrum Disorder, Eating Disorders, anxiety, depression, early psychosis, suicide prevention, digital mental health,

genetics, biomarkers and Artificial Intelligence. Sessions consistently combined advances in neuroscience with practical clinical applications, illustrating how research can directly improve patient care.

One of the most innovative aspects of the Congress was the inclusion of public engagement sessions specifically designed for families and members of the wider community. These highly accessible lectures addressed three of the most common neurodevelopmental and mental health conditions affecting children and adolescents. Professor César Soutullo presented an evidence-based update on ADHD; Dr. Beatriz Martínez discussed current understanding and treatment of Eating Disorders and Dr. Montserrat Pàmias delivered an overview of Autism Spectrum Disorder, emphasizing early identification, multidisciplinary

intervention and family support. By opening part of the scientific programme to the general public, AEPNYA demonstrated its commitment not only to professional education but also to improving mental health literacy and reducing stigma within society.

The congress also provided an important platform for scientific exchange among early-career professionals. Oral presentations and poster sessions showcased innovative research from across Spain, stimulating lively discussion and creating new opportunities for collaboration between clinical and academic centers. Mentoring activities further reflected AEPNYA's commitment to supporting the next generation of child and adolescent psychiatrists and researchers.

Beyond the scientific sessions, the meeting fostered meaningful professional connections among participants from Spain and abroad. Informal discussions, networking events and collaborative workshops highlighted the value of international cooperation in addressing increasingly complex mental health challenges. The setting of the Museum of the University of Navarra further reinforced the congress theme by combining science, culture and creativity in an environment that encouraged reflection and dialogue.

The 69th AEPNYA National Congress clearly demonstrated the vitality, scientific excellence and growing international of Spanish Child & Adolescent Psychiatry. By bringing

together leading experts from different disciplines and countries, promoting collaboration among clinicians, researchers and families, and opening part of the programme to the wider community, the meeting reflected the values that increasingly define modern mental health care.

More than a forum for presenting scientific advances, the congress embodied the collaborative spirit that contemporary child and adolescent mental health care demands. The connections established and initiatives developed in Pamplona will undoubtedly strengthen future national and international partnerships and further consolidate Spain's contribution to the global child and adolescent mental health community.

Conflict of interest: None declared.

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From Specialist Knowledge to Clinical Practice: Developing Multidisciplinary Training in Reactive Attachment Disorder and Disinhibited Social Engagement Disorder

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Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) are, alongside PTSD, classified within the trauma and stressor related disorders in the DSM-5¹. Both presentations are associated with experiences of abuse, neglect, and disrupted caregiving in early childhood. They are characterised by profound difficulties in forming and maintaining appropriate interpersonal relationships. RADs core symptoms are failure to seek or accept comfort, to signal distress, or use caregivers as a secure base. In contrast, DSED is characterised by indiscriminate sociability, including an inappropriate willingness to approach and interact with unfamiliar adults, poor social boundaries, and an absence of developmentally appropriate caution around strangers¹. Both presentations can have significant implications for children and young people's social, emotional, and developmental wellbeing, with difficulties often persisting into adolescence and beyond². Unfortunately, RAD and DSED

remain under-recognised and/or misdiagnosed in services. We know that accurate recognition has important implications for assessment, formulation, intervention planning, placement stability, and long-term developmental outcomes. Greater awareness of these presentations is therefore essential to ensure better outcomes for young people.

Anecdotally, many clinicians report low levels of confidence in recognising, assessing, and working with these presentations, and there remain limited opportunities for formal multidisciplinary training in this area. In response to this perceived gap in workforce knowledge and confidence, a multidisciplinary training initiative was developed collaboratively by clinicians in Scotland and Ireland with backgrounds in speech and language therapy, child and adolescent psychiatry, and clinical psychology. The programme draws upon more than a decade of combined clinical and research expertise in attachment,

relational trauma, neurodevelopment, and maltreatment-associated presentations. Members of the training team have published extensively within this field and have contributed to ongoing clinical-academic developments relating to the assessment and understanding of RAD and DSED. The initiative also builds upon multiple previous teaching and dissemination activities delivered across NHS, third-sector, and professional training contexts, including invited teaching through national and international professional organisations.

The initiative was designed to support clinicians in developing greater confidence in recognising, assessing, and formulating RAD and DSED. The programme seeks to move beyond purely theoretical discussions to provide clinically relevant, neurodevelopmentally informed, and trauma and relational informed approaches to assessment and formulation. The training programme was developed as a tiered model consisting of both Level one and Level two offerings.

Level one training focuses on foundational knowledge, including presenting symptoms and the interplay between neurodivergence and trauma alongside co-occurrence with RAD and DSED, and assessment options for such presentations.

Level two training provides more advanced teaching in relation to assessment using the multi-informant standardised assessment package,

alongside observational approaches which support holistic identification and differential diagnosis. It also explores how assessment findings can inform clinical formulation, complexity, and multidisciplinary intervention planning.

To date, the formalised multidisciplinary training programme has been delivered to child clinicians in Scotland with plans for delivery in Ireland in the coming months. The attendees included professionals from nursing, psychology, psychiatry, speech and language therapy, occupational therapy, and social work. The multidisciplinary nature of attendance has been particularly valuable, reflecting the reality that children and young people with complex presentations are often supported across multiple professional systems and services. Feedback from participants has highlighted a strong appetite for structured teaching in this area. Clinicians frequently described having had little or no previous training exposure and reported increased confidence in recognising and formulating presentations associated with RAD and DSED following attendance. Participants also valued opportunities for multidisciplinary discussion, particularly around differential diagnosis, overlapping neurodevelopmental presentations, and the complexities of presentations.

Alongside the training initiative, related research is currently underway examining clinician knowledge and confidence regarding RAD and DSED across the UK and Ireland. While



Figure 1 to 3: Team of trainers L to R, Dr Kate Moran, Dr Claire Davidson-Jamieson, Prof Helen Minnis

concerns regarding limited familiarity with these presentations are commonly discussed anecdotally within clinical arenas, there remains relatively little empirical data exploring workforce capability and training needs in this area. A similar study is also being extended to social work populations within Scotland, reflecting broader interest in cross-sector understanding of maltreatment-associated presentations.

As the initiative has developed, there has been increasing consideration of the importance of sustainability and scalability in workforce development. Historically, specialist knowledge regarding RAD and DSED has often remained concentrated within relatively small numbers of clinicians and academic groups. However, meaningful service development requires broader workforce understanding across frontline systems. Increasing the number of clinicians who can confidently recognise the specific features of RAD and DSED is

essential if children and young people are to receive timely, informed, and appropriate care. In response, the programme is now moving towards a train-the-trainer model aimed at supporting wider dissemination of knowledge and increasing local training capacity. The development of this programme has reinforced the importance of multidisciplinary collaboration when working with vulnerable children and young people who have experienced maltreatment. It has also highlighted the value of creating accessible and clinically relevant training opportunities that bridge specialist clinical-academic expertise with frontline workforce development.

As awareness of trauma-informed care continues to grow internationally, there remains a need for greater dialogue, education, and research regarding RAD and DSED across child and adolescent systems. We hope this initiative contributes towards strengthening

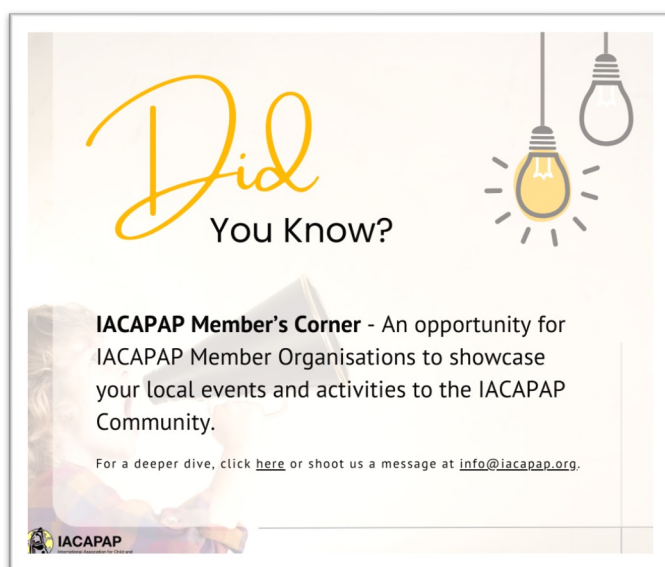
clinician confidence, promoting multidisciplinary understanding, and ultimately improving care for some of the most vulnerable children and young people within our services.

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Conflict of interest: None declared.

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Off-label Use of Immediate-Release Clonidine: Inequity in the Treatment of Aggression in Uruguay

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Aggressive behaviours represent one of the most frequent reasons for emergency consultations at the Uruguayan National Children's Hospital. This transnosological symptomatology manifests across neurodevelopmental disorders, emotional dysregulation, complex trauma disorders, and other psychiatric conditions. In this context, the pharmacological management of acute and chronic aggressivity poses significant clinical challenges, particularly when first-line interventions unavailable, insufficient or not tolerated.

Clonidine, a centrally acting alpha-2 adrenergic agonist, has emerged as a valuable therapeutic option for managing aggression, impulsivity, and irritability in paediatric populations with neurodevelopmental disorders (1). Randomised controlled trials have demonstrated its efficacy in reducing irritability and hyperactivity in children with autistic disorder (3) and in reducing conduct problems when added to psychostimulant medication in children with ADHD and oppositional defiant disorder (4). A systematic review concluded that clonidine may be a cost-

effective pharmaceutical option for behavioural disturbances in ASD (5).

Despite this evidence, clonidine's regulatory status in Uruguay creates a significant treatment inequity. While extended-release formulations (Kapvay, Onyda XR) are FDA-approved for ADHD in children aged 6-17 years and mentioned in diverse international guidelines, these formulations are unavailable in Uruguay. Clinicians are therefore compelled to prescribe immediate-release clonidine off-label, a practice that introduces substantial challenges. First, immediate-release clonidine requires administration three to four times daily to maintain therapeutic effect, whereas extended-release formulations allow once- or twice-daily dosing. Second, it is associated with a higher risk of sedation, hypotension, and rebound hypertension upon abrupt discontinuation.

The Uruguayan market has a single high-cost presentation of clonidine immediate-release. Public procurement records confirm that the state purchases exclusively this formulation at a price that,

combined with the need for multiple daily doses, creates an unsustainable economic burden for many families and the healthcare system. This situation perpetuates inequitable access to an effective treatment and has led health care providers to question the cost-effectiveness of continuing to stock this medication, placing its continued availability at risk.

The unavailability of extended-release formulations in Uruguay constitutes a regulatory and market failure that disproportionately affects vulnerable populations with neurodevelopmental disorders. This inequity contravenes the principle of universal health coverage, which is a cornerstone of the Uruguayan national health system. Furthermore, it conflicts with the World Health Organization's mhGAP programme, which emphasises reducing the treatment gap and integrating evidence-based mental health interventions into primary care settings (2). Yet, Uruguayan clinicians lack access to the most appropriate clonidine formulation, forcing them to choose between a suboptimal immediate-release option or medications with more significant adverse effect profiles, such as atypical antipsychotics, which carry metabolic risks (1).

To address this inequity, several actions are urgently required. First, the Ministry of Public Health should facilitate the registration and importation of extended-release clonidine formulations (Kapvay, Onyda XR) and guanfacine extended-release (Intuniv) for

appropriate indications. Second, policies to encourage market competition and reduce medication costs are essential to break the current monopolistic situation. Third, the development of national clinical guidelines through a multidisciplinary consensus is paramount. Such guidelines would establish clear protocols for dosing, monitoring (blood pressure, heart rate, sedation), discontinuation, and criteria for specialist referral, providing clinicians with a framework for safe off-label use while awaiting the availability of extended-release formulations. Finally, local research and pharmacoeconomic studies should be conducted to evaluate the real-world effectiveness of clonidine in the Uruguayan population and to demonstrate the cost savings that appropriate pharmacological management could generate by reducing emergency consultations, hospitalisations, and disruptions to school or social placement. These studies would provide locally relevant evidence to inform clinical practice and health policy decisions.

The off-label use of immediate-release clonidine in Uruguay is a pragmatic necessity imposed by regulatory and market barriers. The evidence supports its efficacy for aggression in neurodevelopmental disorders, but the absence of extended-release formulations creates a two-tier system: patients in countries with access to these medications receive a safer, more convenient, and more effective treatment, while Uruguayan patients must navigate the challenges of multiple

daily dosing and increased adverse event risks. Addressing this inequity requires urgent regulatory action, the development of evidence-based national guidelines, and investment in local research to ensure that all patients who could benefit from this therapy have access to safe, effective, and affordable treatment.

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Conflict of interest: None declared.

AI declaration: AI was used for translation and language/style editing only. The authors take full responsibility for the content and ideas presented in the article.

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5th IACAPAP REGIONAL WEBINAR

Non-Pharmacological Treatment of ADHD: What Works, for Whom, and When?

Date
21st Oct, 2026

Time
12 PM KST (GMT+9)
5 AM CEST
3 AM UTC
2 PM AEDT
11 PM EDT (20th Oct)

Host:
International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

Co-Host:
Korean Academy of Child and Adolescent Psychiatry (KACAP)

Meet The Speaker
Hyunchan Hwang, M.D., Ph.D.

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Celebrating the Legacy of Dr. Myron Belfer: A Life Dedicated to Children’s Mental Health Around the World

By: Hesham Hamoda¹

¹Boston Children’s Hospital, United States

Some careers are measured by positions held and accomplishments achieved. Others are measured by the people they inspire and the doors they open for those who follow. Dr. Myron Belfer’s career belongs firmly in the latter category.

On Thursday, July 16, 2026 colleagues, friends, trainees, and members of the Boston Children’s Hospital community gathered to celebrate an extraordinary

career as a portrait of Dr. Myron Belfer was unveiled alongside those of former Department of Psychiatry chairs Drs. David DeMaso and William Beardslee.

The portrait recognizes Myron’s leadership at Boston Children’s Hospital, but the legacy it represents extends far beyond the walls of the institution. For more than four decades, Myron has championed the mental health of children and adolescents across countries and continents, while mentoring generations of professionals who have carried that vision into their own communities.

His career is, in many ways, a reflection of what global child and adolescent mental health can achieve when clinical expertise is combined with curiosity, partnership, persistence, and a deep commitment to developing others.

Following his medical and psychiatric training, Myron served in the U.S. Public Health Service, an experience that helped launch the international relationships and commitments that would become a defining thread throughout his professional life. At Boston Children’s

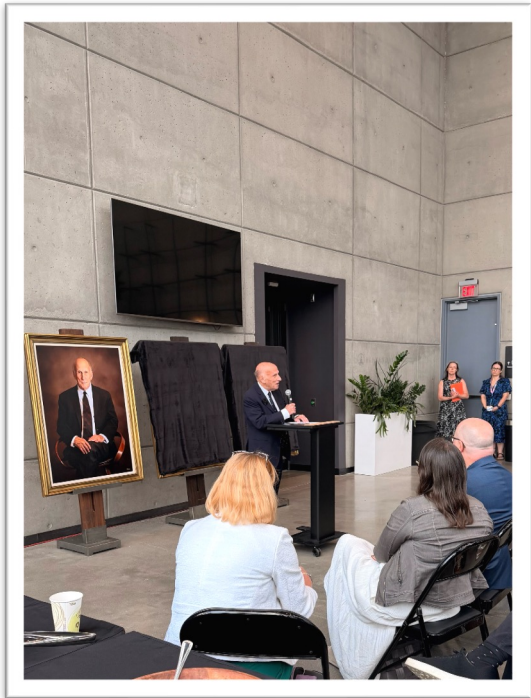


Figure 1: Dr. Myron Belfer speaking at the ceremony.

Hospital, he held numerous clinical, educational, and leadership roles, including leadership of consultation-liaison and emergency psychiatric services and ultimately serving as Psychiatrist-in-Chief.

Yet perhaps Myron’s most distinctive contribution has been his ability to see child and adolescent mental health as a global enterprise. Beginning in the 1990s, he increasingly devoted his energy to strengthening mental health systems and developing the workforce needed to care for children and young people around the world.

His work with the World Health Organization was particularly influential. As WHO Senior Advisor for Child and Adolescent Mental Health in Geneva, he played a central role in the development of the landmark 2005 *ATLAS: Child and*

Adolescent Mental Health Resources. By documenting the profound disparities in services, policies, and resources across countries, the publication helped draw international attention to the urgent need to strengthen child and adolescent mental health systems. Myron also contributed to WHO initiatives addressing disaster response, stigma, mental health policy, and service development, supporting efforts across multiple regions of the world.

His commitment to international collaboration has been equally evident through IACAPAP. Myron served as IACAPAP Treasurer from 1992 to 2004 and President from 2004 to 2006. He was subsequently named an Honorary President and, in 2010, received the IACAPAP International Contribution Award for Lifetime Achievement. These honors reflect not only his leadership



Figure 2: Portraits from left to right: Dr. Myron Belfer, Dr. William Beardslee and Dr. David DeMaso

within the organization but also the extraordinary breadth of his contributions to our field.

Myron's influence has never been confined to international meetings, publications, or policy initiatives. He has consistently invested in people. His work in capacity building and education has taken him to China, India, Nigeria, Kosovo, Bulgaria, and many other countries. In Nigeria, he played an important role in establishing a master's-level child and adolescent mental health training program at the University of Ibadan. The program has gone on to train more than 100 professionals from 14 African countries, a powerful example of how sustainable workforce development can multiply the impact of a single initiative.



Figure 3: Drs. Hesham Hamoda and Myron Belfer

For many of us at Boston Children's Hospital, though, Myron's most enduring legacy is mentorship.

He has an extraordinary ability to recognize potential in others and to open doors. Generations of trainees and faculty have been introduced through him to the possibilities of global mental health, international collaboration, and service beyond one's own institution or country. He has encouraged colleagues to teach, learn, conduct research, build partnerships, and, perhaps most importantly, believe that they can contribute to improving the lives of children and families far beyond their immediate surroundings.

This commitment to mentorship also helped lay the groundwork for Boston Children's growing engagement in global child mental health. The Global Child Mental Health Observership Program, established with Dr. Patricia Ibeziako in 2009, brought professionals from around the world to Boston to learn from and contribute to the clinical and educational life of the department. The Belfer International Child Mental Health Lecture, established in 2007, similarly created an enduring forum for bringing international perspectives and expertise to Boston Children's trainees and faculty.

I have personally been fortunate to experience Myron's generosity as a mentor and friend. Like so many others, I have benefited from his encouragement, wisdom, and willingness to create opportunities for the next generation. His influence is often felt not only through

what he has accomplished himself, but through what he has enabled others to accomplish.

Myron has sometimes described his own career as the product of "chance and wonderful mentorship from others." There is humility in that description, but it also captures something fundamental about his philosophy. He understands that careers, and fields, are built through relationships, opportunity, generosity, and a willingness to invest in those who come next.

Over the course of his career, Myron has done precisely that. Through clinical care, scholarship, international policy, advocacy, education, capacity building, and mentorship, he has helped advance child and adolescent mental health across the globe. More importantly, he has helped create a community of professionals committed to carrying that work forward.

The full measure of such a career cannot easily be captured in titles, publications, awards, or the number of countries in which one has worked. Its true impact can be seen in the people who were inspired, the programs that were created, the partnerships that endured, and the generations of professionals who continue to carry forward the values they learned from him.

The portrait unveiled at Boston Children's Hospital is therefore more than a recognition of a former departmental leader. It is a tribute to a global citizen, mentor, advocate, and

champion for children and adolescents everywhere.

IACAPAP is fortunate to count Dr. Myron Belfer among its Honorary Presidents and enduring leaders. For the many colleagues and trainees whose lives he has touched, it is an even greater privilege to call him a mentor, colleague, and friend.

Acknowledgment: Dr. Hamoda is grateful to Dr. DeMaso for generously sharing his remarks, which provided important context and perspective in preparing this article

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Gamification of Learning: A Collaborative International Quiz at the IACAPAP 2026 World Congress

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During the IACAPAP World Congress in Hamburg (1 - 4 July 2026), the IACAPAP Early Career Group (ECG) and the European Federation of Psychiatric Trainees (EFPT) Child and Adolescent Psychiatry (CAP) Working Group jointly organised an interactive quiz session. The aim was to explore a new approach to medical education and to demonstrate how gamification can create an engaging and collaborative learning experience for students, trainees, and professionals.

The theme of the quiz centred on psychotherapy in CAP. While the concept was initially inspired by a quiz session designed by the Early Career Psychiatrists (ECP) section of the World Psychiatric Association (WPA), it was developed into a unique format

specifically tailored to international CAP congresses. Rather than fostering competition, the session focused on game-based learning to stimulate curiosity, encourage active participation, promote early ownership, and facilitate intercultural and intergenerational discussion.

The structure of the session is intentionally multigenerational. A wide range of professionals, from junior trainees and medical students to professors, participate as contestants, while senior residents and early career specialists design and facilitate the quiz. Experienced clinicians and academics may join as experts to ensure the quality of the content and contribute to enrichment of the discussion with clinical reflections. Importantly, by actively



Figure 1: The organizing team for the Quiz at the IACAPAP World Congress, together with the volunteer participants from audience

involving the international audience, the quiz provides a platform for intercultural dialogue and shared learning.

The session consisted of multiple rounds, each featuring distinct stages to promote different aspects of learning. The first stage focused on factual knowledge through rapid-fire multiple-choice questions. This stage aimed to assess knowledge while highlighting the value of reflection and team discussions rather than impulsive responses in moments of uncertainty. By encouraging to answer only when confident, the quiz reinforced one fundamental principle of good clinical practice: knowing when to pause, reflect, or seek advice from colleagues, valuing professional restraint.

The second stage focused on cultural perspectives. Contestants were asked to

guess the top five top responses to opinion-based surveys that had been presented to the audience prior to the session. This stage encouraged participants to consider how perspectives can differ across countries, cultures, and healthcare systems. Subsequently, the audience was invited to discuss their choices, which proved very valuable as both audience members and experts reflected on why certain responses varied internationally. These stimulated conversations extended well beyond the quiz itself, sparking broader topics on cultural influences, psychotherapy training pathways, and differing approaches to CAP around the world.

Adding a touch of friendly rivalry to the experience, the teams were split into two lively groups: the *Butterflies* and the *Superheroes*. While the *Superheroes*

secured the win this time, the true victory belonged to everyone present, as the shared learning and laughter made every participant a winner. Ultimately, all contestants received the same gifts at the conclusion of the quiz, reinforcing the core message of the session that participation, curiosity, and willingness to learn far outweigh the importance of winning.

The organisers envision this initiative will continue as a joint educational project between the IACAPAP ECG and the EFPT CAP Working Group. By combining interactive learning, international collaboration, and early career leadership, this model has the potential to strengthen educational partnerships, inspire future generations of professionals, and promote global shared learning.

Conflict of interest: None declared.

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Building a Stronger European CAP Community: An Update from the EFPT Child and Adolescent Psychiatry Working Group

By: Caroline Vassallo¹, Diana Calabiciov¹, Farshid Monshizadeh Tehrani¹

¹Child and Adolescent Psychiatry Working Group, European Federation of Psychiatric Trainees (EFPT)

The Child and Adolescent Psychiatry (CAP) Working Group is part of the European Federation of Psychiatric Trainees (EFPT), the umbrella organisation representing psychiatric trainees across Europe. The Working Group brings together trainees with an interest in child and adolescent mental health to promote collaboration, education, research and advocacy across European countries. Through partnerships with IACAPAP and other international organisations, EFPT-CAP seeks to strengthen trainee representation, facilitate the exchange of ideas, and create opportunities for education, leadership, and professional development. Our aim is to build a connected European CAP trainee community that empowers the next generation of child and adolescent psychiatrists to advance knowledge, improve clinical practice, and promote better mental health outcomes for children and adolescents worldwide.

At the 2026 EFPT Forum in Bucharest, Romania, Dr Caroline Vassallo, a third-year psychiatry trainee from Malta, was elected as the new EFPT Child and

Adolescent Psychiatry Secretary. Caroline succeeds Dr Farshid Monshizadeh Tehrani, who contributed to strengthening CAP representation within EFPT and developing collaborations with international partner organisations. On behalf of the Working Group, we thank Farshid for his commitment and contributions.

Entrustable Professional Activities (EPAs) are recognised as a way to translate competency-based curricula into clinical practice. By defining the key professional tasks trainees should perform independently by the end of training, EPAs provide a framework for learning and assessment. The UEMS Child and Adolescent Psychiatry Section is developing a core set of European EPAs.

The project began with a literature review and development of an initial EPA framework in collaboration with child and adolescent psychiatrists and trainees. It was first presented as a poster at the IACAPAP World Congress 2026 in Hamburg, generating valuable discussion.

Building on this work, an interactive workshop was organised during the EFPT Forum 2026 in Bucharest. Around 17 trainees from across Europe were divided into four mixed international groups. After an introduction to the EPA concept, each group drafted two or three EPAs they considered essential for child and adolescent psychiatry training. Facilitators moved between groups to guide discussions. The workshop concluded with a plenary discussion in which participants reflected on the session and shared feedback on the EPAs. The discussions were lively, with participants expressing enthusiasm for the initiative and interest in continuing to contribute.

The ideas and feedback gathered during the workshop will help refine the initial EPA framework. The next phase of the project will continue the development of a European core set of EPAs through stakeholder engagement and

consensus-building, supporting workplace-based training and assessment across national contexts.

As part of the Forum, the CAP Working Group, which was then chaired by Dr Farshid Monshizadeh Tehrani, hosted representatives from three international early-career organisations: Dr Charlene Gumbo (IACAPAP), Dr Konstantinos Kotsis (ESCAP), and Dr Lamia Jouini (WPA). The meeting provided an opportunity to explore ways of strengthening collaboration in early-career CAP and introduced trainees to international opportunities in education, research, leadership, networking, and upcoming congresses. Participants also discussed how trainees can contribute more actively to international organisations. By connecting European and global networks, this initiative aims to expand access to opportunities and foster joint projects. Through continued collaboration, it has the potential to build

Figure 1:
Members of the
EFPT Child and
Adolescent
Psychiatry
Working Group
at the 2026 EFPT
Forum in
Bucharest,
Romania.





Figure 2: The quadrilateral meeting of early-career psychiatry networks, held during the CAP session of the EFPT Forum in Bucharest.

a more connected and innovative future for child and adolescent psychiatry.

Over the coming year, the Working Group will focus on strengthening CAP representation within EFPT, improving communication between trainees, expanding educational opportunities, and fostering collaboration with partner organisations.

We were delighted to participate in the 2026 IACAPAP World Congress, where we had the opportunity to meet colleagues from across the globe and exchange ideas on trainee engagement, education, and leadership. These discussions reinforced the value of connecting early-career child and adolescent psychiatrists across regions to share experiences, learn from one another, and develop future collaborations.

We look forward to building on these connections through joint educational initiatives, collaborative research, and advocacy. If you are involved in an early-

career child and adolescent psychiatry network or trainee organisation from outside Europe, we would be delighted to connect, exchange experiences, and explore opportunities to work together in supporting the next generation of child and adolescent psychiatrists.

Conflict of interest: None declared.

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Colors of the Mind: How an Art Exhibition Gave Bucharest's Young Patients a Stage

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³Romanian Association of Child and Adolescent Psychiatry and Allied Professions

In the spring of 2026, a surprising and powerful story unfolded in Bucharest, the capital of Romania. "Colors of the Mind," an exhibition organized by the Department of Child and Adolescent Psychiatry of the "Prof. Dr. Alexandru Obregia" Clinical Psychiatry Hospital, with the support of the Bucharest Administration of Hospitals and Medical Services (ASSMB), the Madrigal Choir and the "Care for Children" Association, brought together more than 120 paintings, art objects, and poems created by young patients of the clinic. For an audience used to encountering mental illness only through statistics or stigma, the exhibition offered a chance to meet these young people through their imagination, sensitivity and talent, rather than a diagnosis.

A Vernissage in a Heritage Villa

The exhibition opened on Thursday, May 7, with a vernissage held in a heritage

villa in the heart of Bucharest, home to the Madrigal Gallery, a setting whose old-world elegance stood in quiet contrast to the rawness of the work on display.

More than 200 guests attended the opening night alone. Around 35 young artists, all patients of the Pediatric Psychiatry Clinic, saw their drawings, paintings, and mixed-media pieces on public display, many paired with short personal reflections offering a glimpse into the journey behind each piece. Children from the Cantus Mundi choirs added a musical interlude, turning an already moving occasion into a celebration.

For the following three days, the exhibition stayed open to the public free of charge, giving families, friends, neighbours, and passersby the chance to linger over the collection at their own pace.

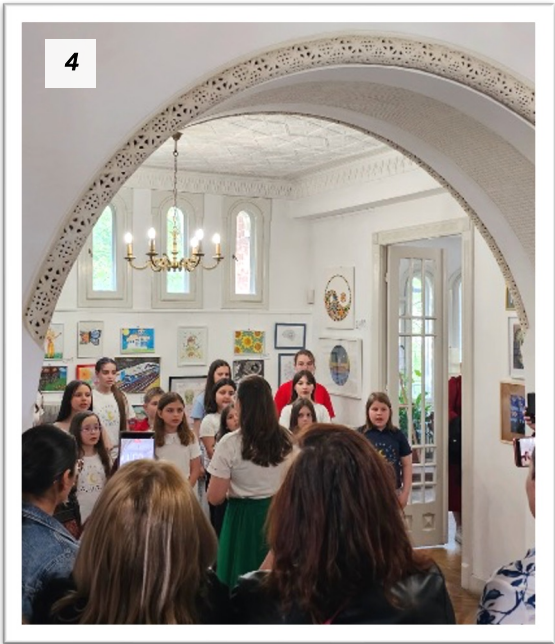
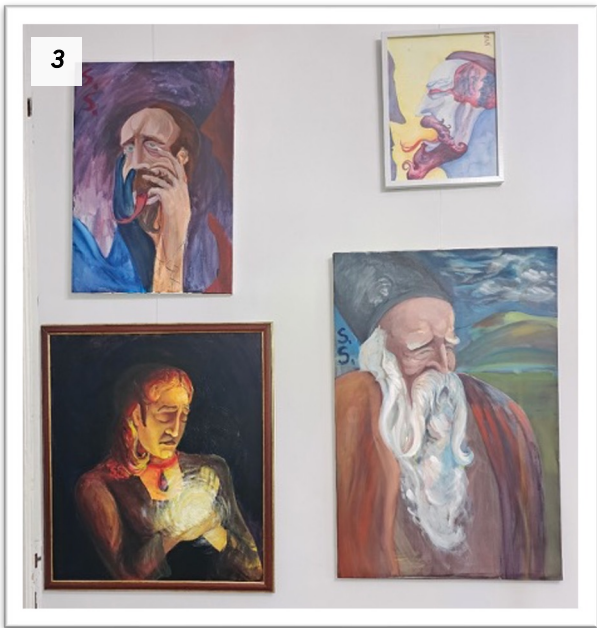
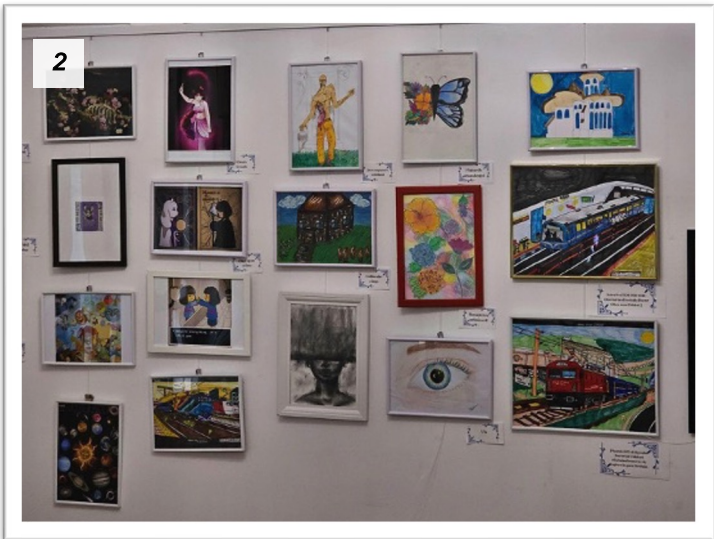
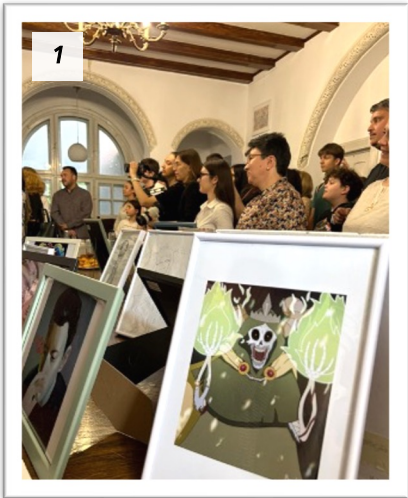


Figure 1 to 5:
Colors of the Mind, Vernissage
day, May 7 2026,
Madrigal Gallery,
Bucharest

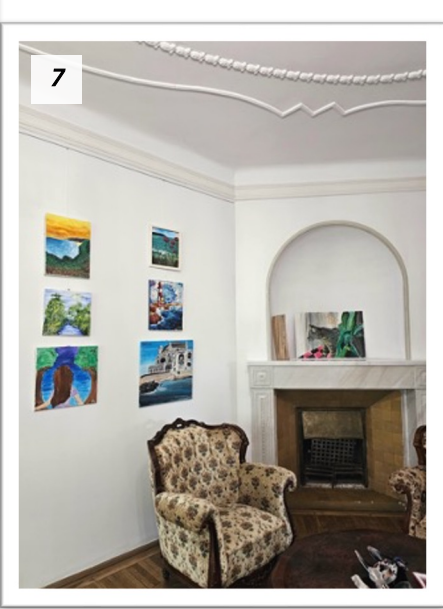
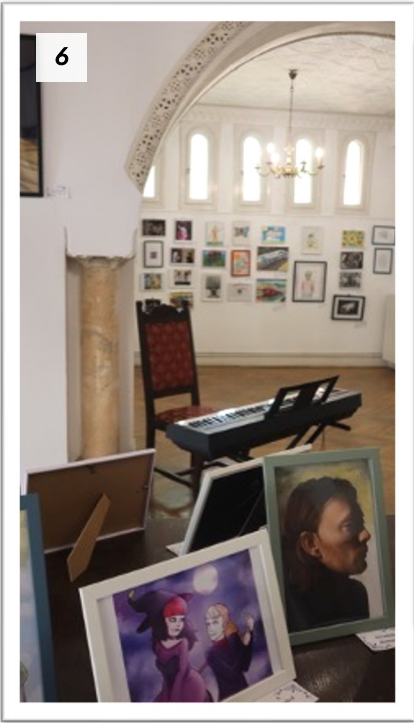


Figure 6 to 10:
Colors of the
Mind, Vernissage
day, May 7 2026,
Madrigal Gallery,
Bucharest

From a City Villa to the Palace of the Parliament

What began as an intimate gathering in a historic villa soon grew far bigger, in scale and symbolism. On June 1st, "Colors of the Mind" opened its second chapter inside the Palace of the Parliament, one of the largest and most imposing buildings in the world and arguably the most public stage Romania has to offer. Moving the work into the halls of a national landmark turned a therapeutic project into a public statement about visibility, dignity, and belonging.

Across its two stages, the exhibition drew more than 6,000 visitors, a striking reach for an initiative that began inside a psychiatric clinic. Parents and siblings saw their children's work treated as real art. Friends and classmates showed up in support. Tourists exploring one of the country's most visited landmarks stumbled onto the honest, unfiltered creativity of young people who had never had a public platform.

Why Events Like This Matter

Art therapy has long been used in psychiatric care because it gives children and adolescents, who may not yet have the words for what they're feeling, a way to externalize emotions otherwise locked inside. A painting can hold grief, fear, or hope in ways words sometimes can't, and that value doesn't have to stop in the therapy room.

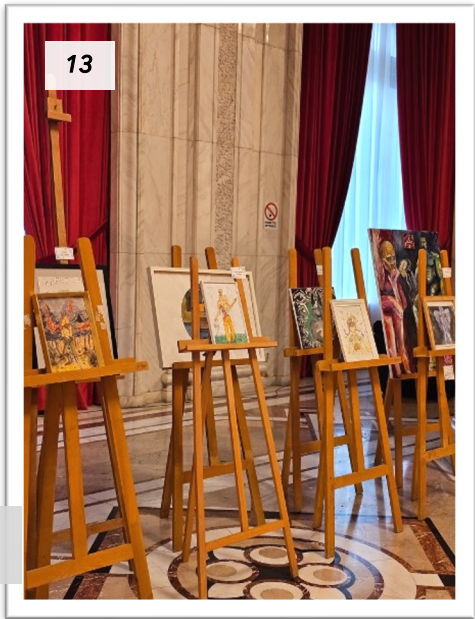


Figure 11 to 13: Colors of the Mind, June 1 2026, Palace of the Parliament, Bucharest

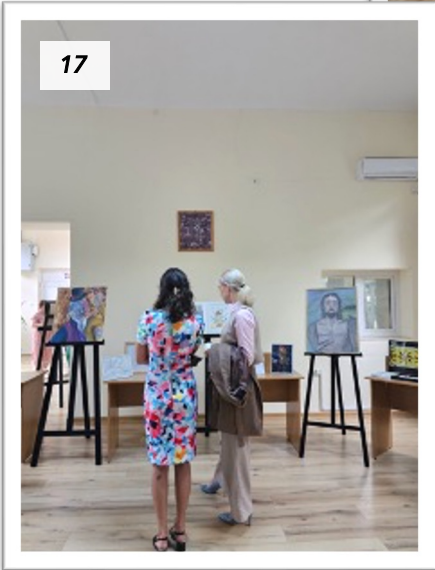
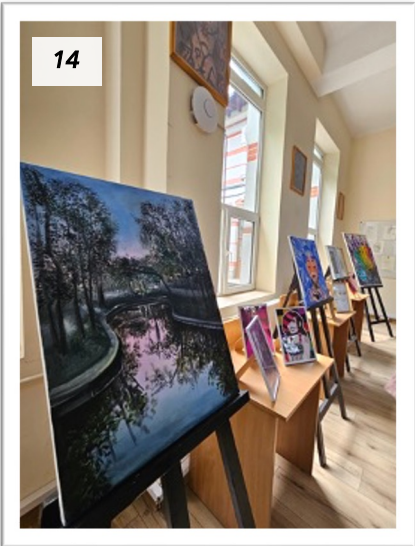


Figure 14 to 18: Colors of the Mind, May 31 2025, "Prof. Dr. Alexandru Obregia" Clinical Psychiatry Hospital Bucharest





Figure 19 to 20: Vernissage day - part of our team

Exhibiting the work publicly adds a second layer of healing: recognition. Being seen as a creator rather than a patient can shift how a young person understands their own identity, at an age when identity is still under construction. The ripple effect goes further: each visitor who walks away with a more human understanding of youth psychiatric care becomes part of the effort to break down stigma.

There's a family dimension too: parents, who often carry their own quiet worries, find it validating to watch strangers appreciate their child's work. And for the young patients, having friends, classmates, and strangers show up for them helps rebuild social connections that illness often interrupts.

More Than an Exhibition

"Colors of the Mind" is not a one-off idea. Its first edition took place in 2025, staged within the hospital itself, and its

success planted the seed for something bigger: the dream of giving these children and adolescents a stage worthy of their talent, and of sending the public a clear signal that mental illness in young people deserves understanding rather than silence. That dream is what carried the project, a year later, beyond the hospital's walls and into the public eye.

The organizers see "Colors of the Mind" as part of a broader push to expand expressive therapies within Romania's pediatric psychiatric care system, arguing that creative expression deserves a permanent place alongside conventional treatment, not as a decorative extra, but as a genuine therapeutic tool. Judging by this year's response, thousands of visitors, extensive press coverage, and a journey from a national gallery to the halls of Parliament, the exhibition succeeded not only as art, but as a colorful argument for how a society ought to treat its most vulnerable young minds.

Finally, this exhibition would not have been possible without the initiative of the Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA), whose vision set the project in motion, nor without the dedicated team of resident doctors who worked tirelessly to bring it to life. We are equally grateful to the Romanian institutions that recognized the importance of reducing stigma around mental health and came together to give young patients a stage and, most of all, to the children, adolescents, and their parents who found the courage to expose something so personal to public eyes.

Conflicts of interest: The authors declare no conflict of interest related to this submission.

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

IACAPAP EARLY CAREER GROUP (ECG) PROGRAM

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Date: 14 October 2026

Length of session: 60 minutes

Times around world: 6 PM BRT | 11 PM CEST | 9 PM UTC | 5 PM EDT | 8 AM AEDT (15 Oct)

Chair, Tally Tafla, Clinical Psychologist, Brazil

"Executive Function Assessment in Context: Implications for Clinical Practice in Majority World Settings"

Speaker: Professor Paulo Laurence, Federal University of ABC (Brazil)

Abstract: Executive function (EF) plays a central role in child and adolescent mental health, informing diagnosis, intervention planning, and treatment monitoring. However, growing evidence indicates that EF is not expressed or measured independently of context. This presentation illustrates how culturally misaligned tools can pathologize adaptive behaviors, obscure strengths, and contribute to inequities in clinical decision-making. A framework is proposed for culturally responsive EF assessment within real-world developmental contexts, emphasizing international collaboration, engagement with local communities, mixed-method approaches, and the development of context-specific norms. It promotes more accurate, equitable and context-sensitive approaches to diagnosis and intervention, particularly in underrepresented and resource-constrained settings.

Professor Laurence, a scientific expert in cognition and learning, is leading research and international understanding of developmental disorders, investigating how social, cultural, and environmental factors shape cognitive processes, by integrating behavioral methods, statistical modelling and qualitative approaches, and emphasizing the need for cultural sensitivity, particularly in underrepresented and majority world contexts.

Learning Objectives:

- Understand how sociocultural and environmental factors influence EF measurement and interpretation in clinical contexts.
- Identify limitations of commonly used EF assessment tools when applied across diverse populations.
- Evaluate the clinical consequences of culturally misaligned EF assessments for diagnosis and intervention.
- Apply principles of culturally responsive assessment in clinical and research settings.



[To register](#)

The Malaysia-Indonesia Collaboration at SPENEX 2026 in Strengthening Family Therapy for Nusantara

By: Ruziana Masiran¹

¹Consultant Psychiatrist, Department of Psychiatry, Faculty of Medicine and Health Sciences/Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia, Serdang, Selangor, Malaysia.

- **Event:** Special Education & Neuropsychiatry Exhibition (SPENEX 2026)
- **Date:** 17-19 July 2026
- **Venue:** Four Points by Sheraton, Bekasi, Indonesia
- **Organiser:** Talenta Center, in collaboration with the Indonesian Psychiatric Association (PDSKJI), Indonesia
- **Theme:** From Couples to Generations: The Neuroscience of Family Resilience - Love, Parenting, Spirituality, and Brain
- **Website:** linktr.ee/Spenex2026
- **Workshop:** Multigenerational Approach to Couple Therapy
- **Facilitators:** Associate Professor Dr Ruziana Masiran, Mr Darrel Devan Lourdes
- **Moderators:** Dr Frilya Rachma Putri Child & Adolescent Psychiatrist, Faculty of Medicine, Universitas Brawijaya, Malang, East Java.

Background of the Program

SPENEX 2026 ("SPENEX 6"), hosted by Talenta Center in Bekasi, Indonesia, brought together psychiatrists,

psychologists, educators and allied mental health professionals from across the region from 17-19 July 2026 under the theme "From Couples to Generations: The Neuroscience of Family Resilience." The program built on the Malaysia-Indonesia family therapy partnership first reported at SPENEX 2025 (IACAPAP Bulletin 79, Sep 2025).

Continuing the training partnership and extending a locally adapted systemic model into the Indonesian context have drawn Malaysian and Indonesian psychiatrists and other mental health practitioners together for this session.

Program Objectives

1. To extend multigenerational family therapy principles, adapted for Nusantara families, into new clinical settings.
2. To deepen integration of Family-of-Origin (FOO) work into clinical practice with children and adolescents.
3. To build live-supervision/co-therapy skills through experiential, case-based learning.

- 4. To strengthen a cross-border Malaysia-Indonesia community of practice in family therapy through training, supervision, and joint publication.

Participants and Stakeholders

Approximately 40 participants attended the workshop, comprising teachers, counsellors, psychologists, psychiatrists and other mental health professionals, reflecting the interdisciplinary reach of SPENEX 2026 across Indonesia’s education and mental health sectors. The wider conference was formally opened by representatives spanning clinical, professional-body and government stakeholders, including the Ministry of Health’s Directorate of Health Services for Vulnerable Groups, underscoring the cross-sector nature of the collaboration.

Program Format and Content

The workshop unfolded across two connected days. On 17 July, Mr Darrel Devan Lourdes conducted a live family therapy session with a family of a child who had earlier presented with self-harming behaviour, and had persistently refused to attend school. The session was professionally recorded so that it could later serve as authentic teaching material. On 18 July, the recording anchored an in-depth teaching workshop co-led by Mr Lourdes and Associate Professor Dr Ruziana Masiran, in which participants examined the therapist’s interventions, clinical reasoning and case formulation. Rather than treating the presenting symptoms as an isolated individual pathology, participants were guided to understand the child’s distress within the emotional system of the wider family, following Professor Maurizio Andolfi’s multigenerational model. Structured dialogue and reflective discussion traced how the presenting self-harm had acquired new relational meaning once linked to longstanding marital tension between the parents. Facilitators used this material to bridge theory to practice, adapting the multigenerational lens to Nusantara family structures by highlighting the role of extended kin, generational expectations, and a therapist positioning that remained respectful of local family hierarchies while still opening space for the child’s voice to be heard.



Figure 1: Associate Professor Dr Ruziana Masiran and Mr Darrel Devan Lourdes and Dr Suzy Yusnadewi and Dr Frilya Rachma Putri who represented members of the SPENEX 2026 organising committee.



Figure 2 & 3: Mr Darrel and Dr Ruziana conducting the family therapy workshop.

Impact and Alignment with IACAPAP Vision

This collaboration reflects IACAPAP's call for cross-national training, collaborative clinical practice, and culturally responsive service development in child and adolescent mental health. Its impact can be seen in:

1. Participants gained practical experience in systemic case formulation, learning to read an adolescent's depressive and self-harming presentation as embedded in family relational patterns rather than as an isolated individual pathology.
2. Facilitators guided participants in applying Andolfi's multigenerational framework within the relational and communal structures typical of Nusantara families, drawing attention to the influence of extended kin and generational expectations on parent-child dynamics, while modelling a therapist positioning that remained respectful of local family hierarchies.

3. Feedback from participants pointed to a marked shift in clinical thinking, moving from asking what was wrong with the child to asking what had happened within the family's relationships to give the child's distress its meaning - a reframing that emerged through active discussion between Malaysian facilitators and Indonesian mental health professionals.
4. Many participants expressed strong interest in further professional development in multigenerational family therapy, signalling appetite for continued joint training between Malaysian and Indonesian practitioners beyond this single workshop.

Institutional Vision and Future Directions

This return invitation to SPENEX, following on directly from the partnership's debut at SPENEX 2025, reflects the shared commitment of

Universiti Putra Malaysia and the Andolfi Family Therapy Centre to extending systemic, relationally-informed family therapy training across the region. Building on the momentum generated over these two consecutive years, the facilitators hope to formalise the collaboration into a sustained cross-border pathway of training and supervision. These include further joint workshops, and a future certification program, working toward a regional community of practice in family therapy that remains grounded in Nusantara family values.

Acknowledgements

We extend our sincere appreciation to:

- Talenta Center and the Indonesian Psychiatric Association (PDSKJI) for organising and hosting SPENEX 2026;
- drg. Yaya Aria Santosa, MARS, PhD (Chair, Yayasan Bina Talenta), dr. Agung Frijanto, Sp.KJ, Subsp. RSP(K), M.H. (Chair, PP-PDSKJI), and dr. Imran Pambudi, M.P.H. (Director of Health Services for Vulnerable Groups, Indonesian Ministry of Health), for their opening remarks and support of the event;
- Dr. dr. Suzy Yusna Dewi, Sp.KJ, Subsp.A.R.(K), MARS, Chair of the Indonesian Association of Child and Adolescent Mental Health (PERKESWARI), and founder and head psychiatrist of Klinik Talenta Center for her continued spirit of collaboration;
- Universiti Putra Malaysia and the Andolfi Family Therapy Centre for co-developing the workshop content;

- The family who generously consented to the live, recorded therapy session and made this teaching opportunity possible;
- All participating teachers, counsellors, psychologists, psychiatrists and mental health practitioners for their active engagement throughout the workshop.

Conclusion

SPENEX 2026 showed how a relationally grounded, multigenerational approach to family therapy can be meaningfully applied within Indonesian and wider Nusantara contexts, deepening the bridge between theory and practice that began with the Malaysia-Indonesia collaboration at SPENEX 2025. By anchoring clinical teaching in a real, recorded case, the workshop helped participants move beyond individual pathology toward a relational understanding of children's distress, work consistent with IACAPAP's vision for culturally responsive, cross-national training in child and adolescent mental health. As this partnership continues to grow, it holds promise for building a sustainable regional community of practice that serves the wellbeing of families and children across Malaysia and Indonesia.

Conflict of interest: None declared.

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

Creating Pathways to Early Identification and Support for Children with Developmental Language Disorder (DLD) in Middle-Income Countries: Lessons from Georgia

By: Maia Gabunia¹, Tamara Kalandadze²

¹Georgian Association of Children Mental Health, Tbilisi, Georgia

²Østfold University of Applied Sciences, Norway

Developmental Language Disorder (DLD) is one of the most common neurodevelopmental conditions, affecting approximately 7.6% of children worldwide. Beyond its impact on language and communication, DLD is associated with increased risks of emotional, social, and behavioural difficulties, including anxiety, depression, low self-esteem, peer problems, and social exclusion. DLD therefore represents an important mental health and equity concern. Despite its prevalence and consequences, many children with DLD remain unidentified worldwide, resulting in delayed access to support. While challenges in identifying and supporting children with DLD exist across countries, they are often amplified in settings with limited resources, research, training, and service infrastructure. One such country is Georgia.

In 2025, Georgian researchers and clinicians affiliated with the Georgian Association of Child and Adolescent Mental Health (GACMH), Maia Gabunia

(MD, PhD), Tamar Chochishvili (SLT, MA), Mariam Meburishvili (SLT, MA), and Salome Tchkonია (SLT, MA), initiated two complementary projects aimed at improving the identification and support of children with DLD in Georgia. The projects are led by Tamara Kalandadze (PhD) (Østfold University of Applied Sciences, Norway) and supported by implementation scientist Rouzana Komesidou (Mosinian Research and Consultancy, Cyprus). *The first project, Where Do We Start? A Roadmap to Identify, Assess, and Support Children with Developmental Language Disorder in Low- and Middle-Income Countries (START)*, was funded by the IDLDRC Developmental Language Disorder Research Grant 2024 (Australia). The second project, *Identifying Developmental Language Disorder (DLD) in Georgian-Speaking Children (DILA)*, was funded by the Shota Rustaveli National Science Foundation of Georgia. The initiative brought together a multidisciplinary team of Georgian Speech and Language Therapists (SLTs), mental health professionals, and



*Figure 1:
Georgian team
(left to right):
Salome Tchkonina,
Mariam
Meburishvili,
Tamar
Kalandadze,
Maia Gabunia,
and Tamar
Chochishvili.*

researchers, in collaboration with international partners from the United Kingdom and the United States.

The projects constitute the first systematic effort to examine how children with language and communication difficulties are identified and supported within the Georgian healthcare and education systems. Using principles of Implementation Science and the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009; Reardon et al., 2025), we explored barriers and facilitators affecting the identification and support of children with DLD and documented current SLT practices through interviews and focus groups with SLTs, paediatricians, child neurologists, and child psychiatrists.

Importantly, this work is also among the first efforts to systematically apply implementation science in DLD research. Implementation Science helps us to understand how evidence-based practices can be successfully implemented within real-world health and education systems. By focusing on contextual factors, interest holder perspectives, and implementation processes, our work aims to bridge the gap between research evidence and everyday practice.

Our findings suggest that barriers and facilitators are deeply interconnected, and many of the barriers and facilitators identified in Georgia are not unique to middle-income countries. Challenges such as limited awareness of DLD, insufficient professional training,

fragmented service pathways, lack of assessment tools, and gaps in policy recognition have been reported across diverse health and education systems worldwide. Likewise, factors supporting successful implementation, including interprofessional collaboration, interest holder engagement, family involvement, and leadership support, appear relevant across cultural and economic contexts. These findings suggest that many of the conditions influencing the identification and support of children with DLD are universal, making lessons learned in Georgia relevant across low-, middle-, and high-income settings.

Based on our findings, we developed two tools: the DLD Context Assessment Tool (DLD-CAT), which helps teams identify factors that may facilitate or hinder the implementation of evidence-based practices aimed at the timely identification and support of children

with DLD, and the Pragmatic Checklist for Identifying Minimum Conditions to Support Children at Risk of DLD in Speech and Language Therapy Practice (PRISM-DLD), which helps evaluate whether SLT services meet minimum conditions for evidence-based care. We also developed an illustrated fact sheet to support awareness-raising among professionals, families, and communities. These resources are freely available at: <https://osf.io/pnfz7/overview>.

Building on these outputs, we developed a roadmap intended to help researchers, practitioners, service leaders, and policy-makers strengthen systems for DLD identification and intervention. Although developed in the Georgian context, the roadmap was designed with broader applicability in mind and can be adapted to local needs, priorities, and available resources.



Figure2: After the meeting with Georgian SLTs.

The next phase of our work focuses on developing and piloting a brief screening questionnaire for the early identification of children at risk of DLD. In collaboration with kindergarten teachers, we plan to screen preschool children aged 4 to 6 years.

Our experience demonstrates that meaningful progress is possible even in contexts where research infrastructure and specialist services are still developing. By bringing together researchers, clinicians, educators, families, policy-makers, and international partners, it is possible to create pathways that improve children's communication, participation, educational opportunities, and mental health. We hope that the lessons from Georgia, together with the practical resources developed through this project, will encourage similar initiatives worldwide and foster new collaborations dedicated to improving outcomes for children with DLD.

Finally, we view the DLD-CAT and PRISM-DLD as living resources that can continue to evolve through international collaboration. We warmly invite researchers, clinicians, professional organizations, and implementation teams interested in DLD to collaborate with us in translating, adapting, piloting, and evaluating these resources in additional languages and contexts.

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Conflict of interest: The authors declare no conflicts of interest related to this project.

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

From Reform to Practice: The Łódź Congress and the Transformation of Child and Adolescent Mental Health Care in Poland

By: Natalia Szejko MD, PhD^{1,2}, Dorota Kleszczewska, MPH, PhD¹ and Aleksandra Lewandowska^{1,2}, MD, PhD^{1,2}

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Introduction

Poland's ongoing reform of child and adolescent mental health care has sought to move the system beyond predominantly hospital-based treatment towards accessible, multidisciplinary and community-oriented care. Systemic reform, however, requires more than new organizational structures: it also requires a shared professional culture, dialogue across disciplines and sectors, and platforms where emerging models of care can be discussed and translated into practice. The 2025 Congress of the Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy in Łódź represented such a platform. Bringing together clinicians, psychologists, psychotherapists, community therapists, researchers, educators and representatives of key public institutions, the Congress reflected both the achievements and the continuing challenges of Poland's mental health-care transformation. In this article, we use the Łódź Congress as a lens through

which to examine the evolving model of community-based child and adolescent mental health care in Poland.

The Reform Context of the Łódź Congress

Since April 1, 2020, a reform of the child and adolescent psychiatric care system has been implemented in Poland (Information on the current status of work on reforming the mental health care system for children and adolescents available

from: <https://www.gov.pl/web/zdrowie/informacja-o-aktualnym-stanie-prac-nad-reforma-w-systemie-ochrony-zdrowia-psychicznego-dzieci-i-mlodziezy> (in

Polish). The reform was initiated in response to the inadequacy of the previous health care system in meeting the needs of child and adolescent psychiatry in Poland. One of the important elements of this process has been the establishment and development of the Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and

Community Therapy (TPPPTŚ), together with the sustained efforts of the broader professional community involved in the development of child and adolescent mental health care, including child and adolescent psychiatrists, psychologists, psychotherapists, community therapists, representatives of other medical and helping professions, experts, as well as organizations and institutions participating in the reform process. The coordination of many activities undertaken within this process is led by the National Consultant in Child and Adolescent Psychiatry, Dr Aleksandra Lewandowska, in cooperation with the Polish Ministry of Health, the Ministry of Education, and other public institutions.

The previous system of child and adolescent psychiatric care did not sufficiently incorporate a community-based model of mental health care. There were limited opportunities for comprehensive collaboration with the broader environment in which a child or adolescent functioned, including the family, school, and other institutions and individuals involved in their everyday life. Limited access to community-based care often meant that support was initiated only when difficulties had already become more severe, and inpatient psychiatric hospitalization became the first form of intensive treatment, even when hospital-based care was not always clinically necessary.¹

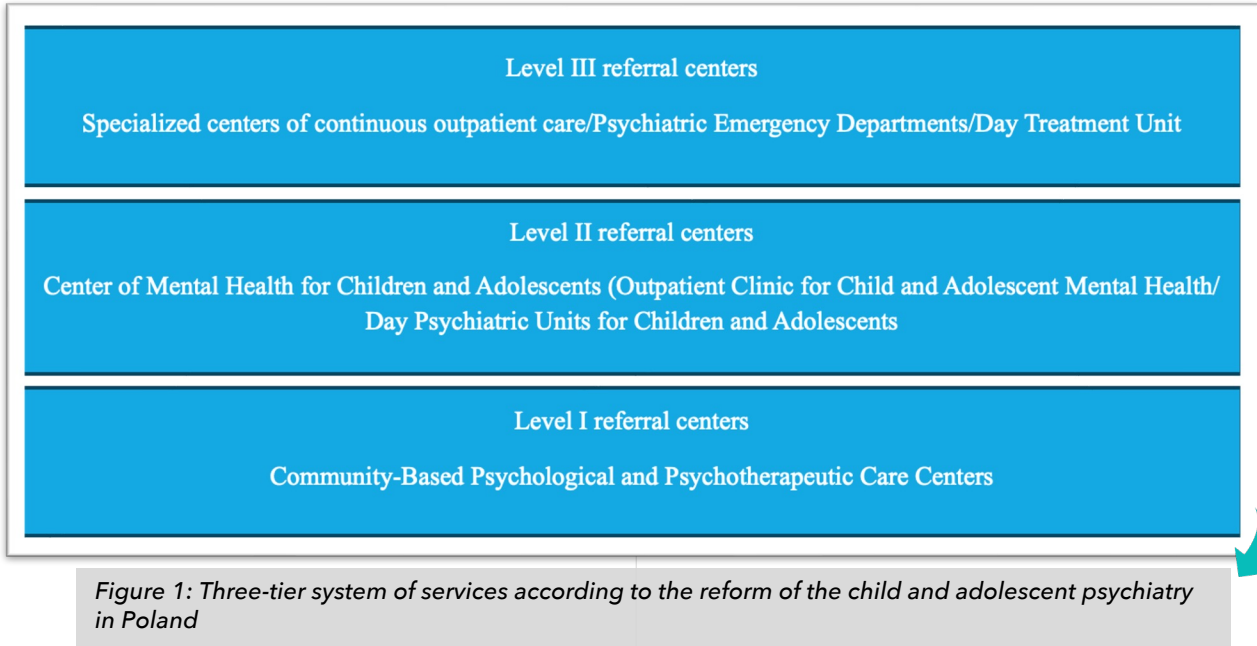
The primary objective of the ongoing reform is therefore the deinstitutionalization of child and adolescent psychiatric care, understood

as a shift away from hospital-based treatment, predominantly medical consultations, toward outpatient and community-based services, primarily psychological and therapeutic interventions, and the implementation of a community psychiatry model.

One important outcome of the reform has been the integration of health care providers into a three-tier system of services, comprising Level I, Level II, and Level III referral centers (Figure 1). Another important outcome was the introduction of legal regulations enabling the education and professional development of medical and healthcare personnel necessary for the implementation of the reform, including clinical psychologists specializing in child and adolescent mental health, child and adolescent psychotherapists, and community therapists for children and adolescents, a new medical profession introduced into the Integrated Education and Training System.

Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy

The Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy was established based on the initiative of professionals who strongly support the principles of the reform of the child and adolescent mental health care system. They are convinced of the necessity of engaging a multidisciplinary team of specialists in the diagnosis and treatment of mental health problems in



children and adolescents. Collaboration with the family and the educational environment, as well as effective coordination of care, are regarded as integral components of the support system.

The primary objectives of the Society include the development and promotion of innovative initiatives, scientific activity, and educational and training programs, as well as the improvement and implementation of new models of care that foster development and cooperation in the fields of child and adolescent psychiatry, psychology, psychotherapy, and community therapy. It also aims to support other forms of intervention within child and adolescent mental health care, contributing to the continuous improvement of services and outcomes for young people.

The 2025 Congress in Łódź

The 2025 Łódź Congress provided a particularly visible expression of this transition from system reform to multidisciplinary community practice. Following the Society’s first Congress in 2024, the second Congress was held in December 2025 under the theme “The Child and Adolescent in a World of Relationships – Challenges and Opportunities of Community Psychiatry”. Rather than focusing solely on specialist psychiatric treatment, the programme reflected the broader architecture of community-based care by bringing together perspectives from psychiatry, psychology, psychotherapy, education, family support, public health and health-system organization (Figures 2 and 3).



Figure 2: The main organizer (in the center), dr Aleksandra Lewandowska, the National Consultant in Child and Adolescent Psychiatry and the Founding Member of the Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy with participants of the Congress.

The event was organized by the Ministry of Health, the Marshal's Office of the Łódź Voivodeship, and the Dr. J. Babiński Specialized Psychiatric Healthcare Center in Łódź, under the auspices of the Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy, the National Consultant in Child and Adolescent Psychiatry (Dr Aleksandra Lewandowska), the National Consultant in Child and Adolescent Psychotherapy (Prof. Agnieszka Słopeń), and the National Consultant in Clinical Psychology (Prof. Bernadetta Izydorczyk).

The Congress was inaugurated by a joint session highlighting team-based work and intersectoral collaboration, with participation from representatives of

the Ministry of Health, Ministry of National Education, Ministry of Family, Labour and Social Policy, Ministry of Justice, National Health Fund (NFZ), Agency for Health Technology Assessment and Tariff System, and Office of the Ombudsman for Children.

Family, Relationships, and the Child's Perspective

A major focus of the Congress was the role of the family and immediate relational environment in child and adolescent mental health care within a community psychiatry framework. Presentations highlighted the family as both a source of emotional bonding and a potential area of difficulty, emphasizing its central position in comprehensive

psychiatric support. Together, the session underscored the importance of systemic, relationship-based, and family-oriented interventions as integral components of community-based child and adolescent mental health care.



Figure 3: The Board Members of the Polish Society of Child and Adolescent Psychiatry, Psychology, Psychotherapy and Community Therapy, Dr Aleksandra Lewandowska, Prof. Anita Brynska and Prof. Tomasz Wolanczyk (from left to right) during the Congress.

Another important theme was the importance of listening to and integrating the perspective of the child and adolescent within the therapeutic relationship, with particular attention to attachment, motivation, and relational dynamics. Overall, the session

emphasized the central role of the therapeutic relationship as a dynamic, developmentally informed process, highlighting practical strategies for enhancing communication, engagement, and therapeutic effectiveness.

Developmental and Psychiatric Complexity

The first day of the Congress also explored the heterogeneity of developmental and psychiatric presentations in children and adolescents, with a particular focus on autism spectrum disorder, diagnostic complexity, and the impact of atypical or adverse experiences. Presentations addressed current epidemiological trends, sex-related differences in diagnosis, overlapping psychopathology, severe social withdrawal, the overlap between psychotic disorders and obsessive-compulsive symptoms, and the role of trauma in neurodevelopmental disorders.

Children and Adolescents in the Digital Environment

The second day started with a session examining the impact of the digital environment on the mental health of children and adolescents, highlighting both the risks and the potential opportunities for community-based psychiatric care. The presentations addressed early childhood exposure to digital media, the role of the virtual world in adolescent development, social media and psychological well-being, and

innovative technological solutions in clinical practice. All in all, the session highlighted the need for balanced, developmentally informed, and innovative approaches to digital exposure and technology use within community-oriented child and adolescent mental health care.

Schools as a Developmental Environment

The role of the school environment was discussed during the panel *"Education and Relationships in School as a Developmental Environment"*. This session focused on the role of the school environment in supporting children's mental health, emphasizing legal frameworks, relational dynamics, and resilience-building interventions within educational settings. Altogether, the session underscored the importance of schools as central environments for prevention, early support, and collaboration between educational and mental health systems, aligned with the principles of community-based child and adolescent psychiatry.

The Future of Community-Based Psychiatry

The Congress concluded with a session dedicated to the future of community-based approaches in child and adolescent psychiatry in Poland. The presentations examined epidemiological trends, longitudinal data, systemic pressures on mental health services, and clinical decision-making processes related to hospitalization. Taken

together, the session highlighted the need for data-informed, reflective, and system-oriented approaches to the future development of community-based child and adolescent psychiatry in the context of ongoing social, political, and public health challenges.

Conclusion and Future Directions

We hope that our Congress underscored a pivotal moment in the evolution of child and adolescent mental health care in Poland, reaffirming the importance of community-based psychiatric approaches that extend beyond hospital walls into families, schools, and local environments. Across presentations and discussions, contributors highlighted not only the current challenges facing young people's mental health – including the impact of digitalization, social determinants, and systemic pressures – but also the promise of collaborative, developmentally informed care models.

The Łódź Congress illustrates how structural reform can be accompanied by the development of a shared professional and intersectoral community. By bringing together mental health professionals, educators, policymakers, public institutions and perspectives centred on children and families, the Congress provided a forum for translating the principles of Poland's child and adolescent mental health reform into dialogue, education and clinical practice.

The challenge ahead is to ensure that these principles become sustainable



Figure 4: Drawing by one of the patients of the Department of Child Psychiatry, Babinski Hospital, Lodz, Poland.



Figure 6: Drawing by one of the patients of the Department of Child Psychiatry, Babinski Hospital, Lodz, Poland.



Figure 5: Drawing by one of the patients of the Department of Child Psychiatry, Babinski Hospital, Lodz, Poland.

elements of everyday care across Poland. Continued scientific exchange, professional education, intersectoral collaboration and meaningful participation of young people and families will be essential if the reform is to translate into lasting improvements in child and adolescent mental health care. The event pointed toward a future in which community psychiatry becomes a sustainable cornerstone of mental health systems, with stronger intersectoral cooperation, earlier intervention, and richer support networks for children and adolescents.

All these endeavours, however, would never have been possible without our patients, who are a constant source of inspiration, joy and sorrow for us and always have to remain at the center. The drawings below (Figures 4, 5 and 6) are artwork created by children hospitalized in our psychiatric ward in our Department, and they serve as a

reminder of this mission. They offer a form of emotional expression and non-verbal communication, reflecting individual experiences that may be difficult to articulate in words.

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Conflict of interest: The authors declare no conflicts of interest related to this project.

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

CAPMH Corner

By: Lakshmi Sravanti, MD, DM, India
Deputy Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the Sep 2026 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - INSPIRE: a pilot cluster randomised feasibility trial of a school-based mental health literacy programme for adolescents and parents in Indonesia (Yani et al., 2026), The Electronic Psychiatric Semi-structured Interview for Children and Adolescents (EPSI-C): development and psychometric evaluation of an open-access DSM-5-based diagnostic instrument (Olofsdotter et al., 2026), and Global prevalence of internet gaming disorder in children and adolescents: a systematic review and meta-analysis (Barboza et al., 2026).

INSPIRE: a pilot cluster randomised feasibility trial of a school-based mental health literacy programme for adolescents and parents in Indonesia

Research | [Open access](#) | Published: 23 June 2026

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Yani et al. (2026), discuss the need for accessible, family-inclusive approaches to adolescent mental health promotion in Indonesia, where mental health problems are common but stigma, limited counsellor capacity, and inadequate parental involvement can hinder early identification and help-seeking. They highlight mental health literacy (MHL) as an important protective factor encompassing knowledge, attitudes, and help-seeking behaviours, while noting that knowledge-focused school interventions have had limited effects on emotional outcomes. Drawing on the social ecological model, the authors

develop the Integrated Network for Student Psychosocial Interventions, Resilience, and Education (INSPIRE), a culturally adapted, school-based programme integrating adolescents, parents, and school counsellors. The pilot study primarily aims to assess the feasibility and acceptability of conducting a future cluster-randomised controlled trial, including recruitment, retention, intervention delivery, attendance, and completeness of outcome data. As a secondary aim, the authors explore preliminary signals of change in adolescent and parental mental health literacy and related outcomes.

The team conducts a two-centre, two-arm cluster-randomised pilot trial with a pre-test and post-test design in two public junior high schools in West Java, Indonesia, between April and July 2025. Adolescents aged 13–15 years and their parents are recruited, with schools randomly allocated to intervention or control conditions. Of 70 eligible adolescent-parent dyads, 52 (74.3%) participate, with 28 dyads in the control group and 24 in the intervention group. The eight-week INSPIRE programme is facilitated by a trained school counsellor and incorporates psychoeducation, experiential learning, social learning, parent-adolescent joint sessions, home-based activities, and WhatsApp-based parental engagement. The programme operates at individual, interpersonal, and school levels, addressing mental health literacy and resilience while strengthening parent-adolescent communication and embedding mental health promotion within existing school health structures.

Feasibility findings are favourable. Retention is excellent, with all adolescents and 96% of parents completing follow-up, and outcome data are complete. Attendance is high, at 91% among adolescents and 79% among parents. All planned intervention sessions are delivered by the trained counsellor, although several sessions require rescheduling around public holidays. The authors note that stigma and unfamiliarity with terms such as “mental” and “experiment” create some hesitation during recruitment, while the school counsellor-led model and

WhatsApp communication facilitate engagement. The findings therefore support the feasibility and acceptability of delivering the intervention within existing school structures. The preliminary outcome findings suggest potentially beneficial changes, although no formal hypothesis testing is undertaken because of the pilot design. Among adolescents, mental health knowledge increases in the intervention group, with scores rising from a mean of 2.79 at baseline to 4.63 at follow-up, while the broader mental health literacy score increases from a median of 101 to 106. Good mental health behaviours and help-seeking behaviour also show favourable trends compared with the control group. Anxiety symptoms decrease modestly in the intervention group, from a mean of 5.88 to 4.88, whereas depression remains largely unchanged and resilience shows little overall improvement. Among parents, mental health knowledge shows a substantial improvement in the intervention group, increasing from a mean of 3.67 at baseline to 6.82 at follow-up and exceeding the control group at follow-up. Positive changes are also observed in parental attitudes towards mental health and help-seeking, while overall mental health literacy improves in both groups. The authors suggest that the family-inclusive component of INSPIRE may contribute to shared improvements across adolescents and parents and may help foster a more supportive environment for mental health communication.

The authors highlight the theory-driven, multicomponent design, integration of adolescents, parents and school counsellors, and use of existing school infrastructure as important strengths. However, the study is limited by its very small sample and only two clusters, with one school in each trial arm, meaning that differences between groups may reflect school-level characteristics rather than intervention effects. The short follow-up, reliance on self-reported outcomes, variability in attendance, and concerns regarding the reliability and cultural adaptation of some parental measures further limit interpretation. The newly introduced adolescent mental health literacy instrument also requires further validation.

The team concludes that INSPIRE is feasible and acceptable in Indonesian school settings, with preliminary signals of improvement in adolescent mental health knowledge, literacy and positive mental health behaviours, and in parental knowledge and attitudes. They recommend a fully powered trial involving a larger number of schools, longer follow-up, culturally optimised measures, objective behavioural indicators, dyadic parent-adolescent analyses, and cost-effectiveness evaluation.

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The Electronic Psychiatric Semi-structured Interview for Children and Adolescents (EPSI-C): development and psychometric evaluation of an open-access DSM-5-based diagnostic instrument

Research | [Open access](#) | Published: 06 May 2026
Volume 20, article number 67 (2026) [Cite this article](#)

Olofsdotter et al. (2026) describe the development and initial psychometric evaluation of the Electronic Psychiatric Semi-structured Interview for Children and Adolescents (EPSI-C), an open-access, platform-independent diagnostic interview for routine child and adolescent psychiatry (CAP). The authors highlight the limitations of unstructured diagnostic assessment and note that existing standardized interviews may be difficult to implement in routine practice because of time, licensing, and digital platform constraints. The EPSI-C was developed as a flexible, DSM-5-based alternative that can be implemented digitally or on paper without licensing fees. Developed between 2019 and 2021 by a multidisciplinary team in Sweden, the EPSI-C is designed for children and adolescents aged 6-17 years and comprises 21 diagnostic modules and a suicidality risk module (Center for Clinical Research Västmanland, 2025). The authors describe its modular structure as allowing targeted assessment based on clinical indication, while retaining clinical judgment in determining diagnoses.

Administration typically takes 30-90 minutes, depending on case complexity and the modules required.

The authors set out to evaluate two foundational psychometric properties: content validity and internal consistency. Content validity was assessed by an independent panel of 10 clinicians from two Swedish CAP clinics, comprising six psychologists, three child and adolescent psychiatrists, and one psychiatric nurse specialist. The experts had a mean of 9.6 years of CAP experience and independently rated the relevance of the screening and full sections of each module on a four-point scale. Internal consistency was examined using data from 3,506 consecutive patients assessed through routine outpatient CAP services in Västmanland County between November 2021 and December 2024. The cohort had a mean age of 12.0 years, 54.5% were girls, and assessments were conducted as part of routine clinical care.

The team reports that EPSI-C showed excellent content validity, with S-CVI/Ave

values of 0.95 for screening sections and 0.94 for full modules. All modules met the excellent validity threshold, except anorexia nervosa, which showed acceptable validity (I-CVI = 0.70). Expert ratings were highly favourable for relevance, coverage, structure, usability, and clinical credibility, with 90% rating clarity as high or very high. Internal consistency was acceptable to excellent in 14 of 16 modules (87.5%), with Cronbach's α ranging from 0.71 to 0.90. The ADHD module showed the highest internal consistency (α = 0.90), while lower values were observed for anorexia nervosa (α = 0.49) and psychotic disorders (α = 0.53). The authors attribute these lower estimates to the limited number of diagnostic criteria for anorexia nervosa and restricted symptom variability in the stepped-care sample.

The authors highlight the combination of independent expert evaluation and a large, naturalistic clinical cohort as a key strength, along with expert representation across professional groups and sites and digitally supported data capture. They note limitations including the absence of formal criterion validity testing, small samples for several low-prevalence disorders, and internal consistency analyses restricted to patients who screened positive. Preliminary inter-rater reliability was based on only 15 interviews and, the authors note, requires confirmation in larger and more diagnostically diverse samples. They conclude that the EPSI-C provides a standardized yet clinically flexible approach to DSM-5-based

diagnostic assessment in routine CAP practice. Its open-access, platform-independent design and compatibility with local digital systems may help overcome financial, technical, and legal barriers that have limited the uptake of standardized interviews. Further research is needed to establish criterion validity, evaluate effectiveness and acceptability in routine services, examine whether standardized assessment reduces subsequent diagnostic changes, and assess cross-cultural applicability beyond Sweden.

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Global prevalence of internet gaming disorder in children and adolescents: a systematic review and meta-analysis

Review | [Open access](#) | Published: 03 May 2026

Volume 20, article number 90 (2026) [Cite this article](#)

Barboza et al. (2026) examine the global prevalence of Internet Gaming Disorder (IGD) among children and adolescents, noting that previous estimates have varied substantially because of differences in diagnostic criteria, assessment tools, sampling methods, and geographical settings. They highlight that although IGD is recognised in DSM-5 as a condition warranting further study and is included in ICD-11 as a behavioural addiction, epidemiological estimates in young people remain inconsistent. The authors therefore aim to provide an updated global estimate restricted to children and adolescents aged 6–18 years, while exploring variations across geographical regions and diagnostic approaches.

The team conducts a systematic review and meta-analysis following PRISMA 2020 guidelines and prospective registration in PROSPERO (CRD420251156483). Searches of PubMed, Scopus, Web of Science, Embase, and PsycINFO were conducted up to September 2025. Eligible observational studies included children and adolescents aged 6–18 years and

used standardized instruments aligned with DSM-5 or ICD-11 criteria. Two reviewers independently screened studies and extracted data. A random-effects model was used to pool prevalence estimates, with between-study heterogeneity assessed using the I^2 statistic and publication bias examined using funnel plot asymmetry and Egger's regression test.

Nineteen studies comprising 251,037 participants and 26,868 cases of IGD met the inclusion criteria. The pooled global prevalence was 10% (95% CI 6–15%), indicating that approximately one in ten children and adolescents met criteria for IGD. Individual estimates varied considerably, ranging from approximately 1% in some European populations to more than 25% in studies from the Middle East and Latin America. The authors report extreme between-study heterogeneity ($I^2 = 99.7\%$), with smaller studies tending to report higher prevalence estimates.

The authors note considerable variation in the assessment of IGD, with the IGDS9-SF being the most frequently

used instrument and most studies relying on DSM-5-based definitions. Sampling was predominantly school-based, with methods ranging from convenience to cluster sampling. They emphasise that the pooled prevalence should not be interpreted as a universal global rate and suggest that differences in diagnostic approaches, sampling strategies, and sociocultural and contextual factors may account for much of the observed variation. Although the estimate is higher than those reported in earlier meta-analyses, the authors caution that this may reflect methodological and geographical differences, as well as increased digital engagement after 2020, rather than a true increase in prevalence. They highlight the review's focus on recent evidence in children and adolescents and its use of DSM-5/ICD-11-aligned measures as strengths, while noting that the predominance of cross-sectional studies limits conclusions about the developmental trajectory of IGD.

The authors conclude that IGD represents a substantial global mental health concern among children and adolescents. They call for greater standardisation of diagnostic approaches, culturally sensitive preventive strategies, early identification, and further longitudinal research to clarify the course of IGD. They also highlight the potential value of school-based screening, digital literacy, healthy digital behaviours, and parental engagement in prevention and early intervention.

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Social Media: Caught Between FOMO and Freedom. A Peek Into the Debate in Young Minds

Social media use among teenagers and adolescents has become a major topic of debate worldwide. Policymakers, parents, and educators continue to question whether social media helps or harms teenagers, especially because many teens spend several hours each day on platforms such as Instagram, Snapchat, and TikTok. In addition, we are starting to see a concerted effort by several governments around the world to limit children under 16 from accessing social media platforms. Personally, I am not on social media because of the restrictions my parents have set. Because of this, I think I can see both the benefits and drawbacks of not having access to it. In my opinion, social media has become such a large part of teen culture that removing it completely would make it difficult for teens to communicate and connect in the ways they do today. However, I also believe that the concerns surrounding social media are real and cannot be ignored.

Policymakers are right to be concerned about the negative effects of social media on teenagers. Endless doomscrolling and short-form videos distract teens from doing their schoolwork, take time away from real life interactions with other people, and cause mental fatigue from staring at a screen for long periods. Social media can also increase FOMO, or the fear of missing out, when teens see their friends at events or activities they were unable to attend. Over time, this can make teens feel excluded or unhappy. Another serious concern is comparison. When teenagers constantly see filtered or edited images online, they may begin to compare their own bodies, appearances, and lives to what they see on social media. This can become harmful, especially when people feel pressured to change themselves to match unrealistic images. These risks may be even greater for younger children ages 8 to 13 years, who may not yet have the maturity to understand that not everything online is realistic or appropriate for their age.

At the same time, social media does have benefits. One of the biggest advantages is that it gives teens an easy way to connect with each other. For example, during

COVID, when people were isolated at home, social media provided an easy way for many teens to communicate and stay engaged with their friends. Social media also exposes teens to current events and different perspectives. Even though this can sometimes be concerning, it can also help teenagers understand what is happening in the world and help them form their own opinions. For this reason, I do not think social media is entirely harmful. It can support social development, especially in a world where so much communication now happens online. To better understand how social media affects people around me, I asked a group of my friends about their average screen time over the past three weeks and which apps they spend the most time on. Although this was only an informal survey among friends, I found the responses thought-provoking. It was glaringly obvious that social media accounted for the largest proportion of their time. One of my friends spent 30 hours on her phone in one week, and 24 of those hours were spent on Instagram. On average, most of my friends spent around 16 to 18 hours per week on TikTok, Snapchat, or Instagram. There were some exceptions. One girl spent only about one hour on social media, and when I asked her how she kept her usage so low, she said that her parents had set restrictions on her phone and other devices. In contrast, when I asked the friend who spent 24 hours on Instagram whether she would benefit from restrictions, she said she wished her parents had put some in place, but also admitted that she would not have the self-control to do it herself.

Another thing I noticed was how embarrassed many of my friends seemed when I asked about their screen time. Some responded by saying things like, "Sure, but this will be so bad," or "Yes, but don't judge me." This suggested to me that many teens are aware of how much time they spend on social media, but still feel unable to change it. When I asked how they felt about their usage, most said they were embarrassed and wished they had more control over their addiction to YouTube Shorts, TikTok, and Instagram reels, and staying updated with friends. However, when I asked if they would want their parents to restrict their screen time, many said no. They did not want to give up the small amount of independence they had gained from their parents, even though they also struggled to set limits for themselves. I think this applies to many teenagers in general. They may be self-aware, but that does not mean they have the motivation or discipline to break the habit on their own.

Interestingly, I have also noticed that social media affects parts of life that do not seem directly connected to phones or the internet. For example, when I eat lunch with my friends at school, we are not allowed to have our phones with us. Because of that, we usually talk, tell jokes, and share stories. However, even without phones, I notice that much of our humor or discussion topics comes from internet references. Many of the jokes we make are based on things people have seen online. This shows that social media does not only affect how much time teenagers spend on screens. It also affects how we talk, what we find funny, and how we relate to each other. Its

influence reaches into our everyday lives, even when the phones are not physically present.

Since I do not have social media, I often think about both the advantages and disadvantages of being outside these platforms. On the one hand, I know I spend my time more wisely and can get more done in less time. I am less distracted, and I do not have the same constant urge to check apps because I don't have any. On the other hand, I do experience FOMO. I sometimes wish I were more connected to what my friends are doing and to the conversations happening online. This makes me believe that social media should not simply be banned for teenagers. It has both positive and negative effects.

To sum it all up, I believe the best solution is not a complete ban, but maybe stronger age based controls or limitations on the usage hours on social media platforms that are mandated or adopted as best practices. These limits should not depend only on parental control, because not all parents set the same rules, and many teens struggle to set limits for themselves. Age based restrictions could help younger users avoid harmful content while still allowing older teens to experience the benefits of connection, communication, and awareness of the world. Social media is now a major part of teen life, so the goal should not be to remove it completely, but to make sure its benefits are experienced while its harms are reduced.

~ Aarthi ~

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Name of the painting: Guerrero (Warrior) – charcoal on Durex paper

“I created this drawing during a period of hospitalization. The face is marked with three lines, like a warrior’s. The light-colored eyes represent a hollow past – a void of having.”

~ Aris Marna A. A. ~

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The First Mask We Wear

"Stop crying."

It's one of the first emotional lessons many children learn.

Long before we understand our emotions , we begin learning which ones are acceptable to show.

From the earliest months of life, we begin learning about emotions, not through lessons in school, but through interactions with the people around us.

When we cry, we are told to stop. When we are nervous, we are told to calm down.

When we are angry, we are told not to overreact. When we are afraid, we are told to be brave. Rarely are we asked why we feel that way. We learn which emotions feel safe or acceptable to express, and which are better kept hidden.

The pattern is subtle but powerful. Some emotional expressions are welcomed because they fit comfortably within the expectations of those around us.

Others may be corrected, dismissed, discouraged, or even punished because they don't.

Without realizing it, we begin to believe that the goal isn't to understand our emotions—it is to manage how they appear to others.

We aren't taught emotional literacy.

We are taught emotional performance.

Children don't necessarily stop experiencing difficult emotions; they may instead become better at hiding or suppressing them, one lesson at a time. Over time, emotional suppression can begin to look like maturity, resilience, or self-control, even when it is functioning primarily as a learned strategy for dealing with the distress.

This matters because the emotional habits and beliefs we develop in childhood can influence how we respond to psychological distress later in life.

I didn't realize how deeply I had internalized this lesson until a conversation with my therapist changed the way I understood my own story.

She asked me a question that has stayed with me ever since.

"How did nobody notice?"

At first, I didn't know how to answer.

Then I realized that perhaps the better question wasn't how nobody noticed.

Maybe I had become so skilled at making sure nobody could.

Looking back, I can now see that even before my mental health deteriorated, I had already learned that difficult emotions were meant to stay hidden. So when my mental health reached the point where my safety was at risk, my instinct wasn't to tell someone what I was experiencing.

It wasn't to ask for help.

It was to hide my distress better.

For almost a year and a half, I continued to suppress my thoughts, emotions, and struggles. I smiled. I achieved. I functioned. From the outside, I looked the same.

Inside, I was quietly fighting a battle that no one could see.

It wasn't because I didn't want help.

It was because, somewhere along the way, I had learned that struggling was something to hide, not something to share.

Eventually, hiding became impossible. My distress became visible, and that was when I finally received the support I needed.

Sometimes I wonder how different my journey might have been if I had believed that asking for help was just as acceptable as pretending to be okay. Perhaps someone would have noticed sooner. Perhaps I would have spoken sooner.

Perhaps healing could have begun long before crisis.

I'll never know.

But I do know this: if we want young people to seek help earlier, we cannot wait until they become unwell to tell them it's okay to speak.

Mental health education doesn't begin with teaching adolescents how to recognize depression or anxiety. It begins much earlier. It begins by teaching children that emotions are not problems to solve or weaknesses to hide, but experiences to understand. That expressing them is not attention-seeking but part of being human and that asking for help is never something to be ashamed of.

The messages we give children today become the beliefs they carry into adolescence and adulthood.

Prevention doesn't begin with teaching children to be stronger.

Perhaps it begins by teaching them they never have to hide how they feel.

I hope the next child grows up believing they never have to earn the right to be heard. That they never mistake silence for strength.

Because,

Healing didn't begin when I stopped struggling.

It began when I stopped hiding that I was.

~ Anahita ~

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Name of the painting: Panic Attack

~ Aroc ~

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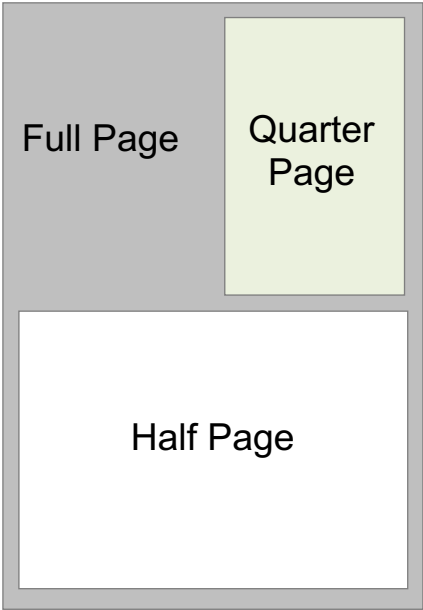
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Section for Child and Adolescent Psychiatry of Psychiatric Association CZMA (Czech Medical Association), Czech Republic | Sekce dětské a dorostové psychiatrie Psychiatrické společnosti ČLS JEP

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

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

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

ShnetMind - Association for Child and Youth Mental Health, Kosovo

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

Spanish Association of Child and Adolescent Psychiatry, Spain | Asociación Española de Psiquiatría de la Infancia y la Adolescencia (AEPNYA)

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The Hellenic Society of Child and Adolescent Psychiatry (HSCAP), Greece

The Israel Child and Adolescent Psychiatric Association, Israel

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

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP), Taiwan

Tunisian Society of Child and Adolescent Psychiatry, Tunisia | Société Tunisienne de psychiatrie de l'enfant et de l'adolescent (STPEA)

Turkish Association of Child and Adolescent Psychiatry (TACAP), Turkey

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European Federation for Psychiatric Trainees (EFPT)

First Step Together Association for special education (FISTA), Lebanon

Global Alliance for Inspiring for Non-tech Infant Nurturing and Growth (GAINING), United States

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