



By Umay Ece , age category, >6Y, My favourite holiday

President's Message

It is very sad to be writing this first 2026 presidential column at the moment where the world is facing a new emerging war with unpredictable consequences other than the fact that suffering will again devastate thousands of families and their children. We, at IACAPAP, continue exploring opportunities to work jointly with other international associations to help national mental health associations in impacted countries.

Page 5

Page

30

A Growing Community: Continuity and New Horizons for the IACAPAP Early Career Group

Page

43

Community Service and National Scientific Meeting of the Indonesian Association for Child and Adolescent Mental Health (Perkeswari)

Page

53

Creating Adolescent Friendly Psychiatric Spaces in a Public Hospital in Cape Town: Possibilities in LMIC Settings



27th World Congress of IACAPAP in Hamburg

Page

10



G-CAMH Curriculum Development and Engagement Survey

Page

9



MOOC 2026 | Call for Registration

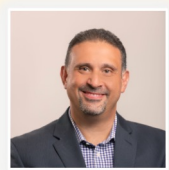
Page

34

CONTENTS

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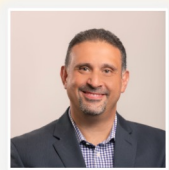
1. IACAPAP President’s Message	P5
2. G-CAMH Curriculum Development and Engagement Survey	P9
3. 27th World Congress of IACAPAP Congress Announcement	P10
4. Call for Nominations IACAPAP International Contribution Awards 2026	P21
5. Understanding Autism Through a Socio-Cultural Lens: Insights from Ghana’s Child and Adolescent Mental Health Clinic	P22
6. The Language of Psychiatry: Speaking with Each Other, Listening to Each Other...	P27
7. A Growing Community: Continuity and New Horizons for the IACAPAP Early Career Group	P30
8. MOOC 2026 Open for Registration	P34
9. Advancing Family-Based Practice in Children and Adolescents' Mental Health: Reflections from a Family Therapy Practicum	P35
10. Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF): Resurgence of Mental Health Issues in Haiti	P40
11. Community Service and National Scientific Meeting of the Indonesian Association for Child and Adolescent Mental Health (Perkeswari)	P43

Continue to next page ...

CONTENTS

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12. The 4th International Conference of the Egyptian Child & Adolescent Psychiatry Association in Collaboration with the 5th Mansoura Child & Adolescent Congress of Psychiatry

P47

13. World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2026

P51

14. Creating Adolescent Friendly Psychiatric Spaces in a Public Hospital in Cape Town: Possibilities in LMIC Settings

P53

15. Pakistan’s First International Child & Adolescent Psychiatry Conference (Child PsyCon 2025)

P56

16. From Seed to Mighty Tree: Leadership, Access, and the Global Vision of Professor Olayinka Omigbodun

P61

17. From Mathematics to Global Psychiatry: The Journey of Professor Bruno Falissard

P64

18. Life with ADHD – Understanding Symptoms to Support Lifelong Growth

P67

19. Tunisia Launches its First National Clinical Practice Guidelines for Autism Spectrum Disorders in Children and Adolescents

P71

20. The Canadian Academy of Child and Adolescent Psychiatry (CACAP) 2026 Annual Conference - Early Bird Registration is Now Open!

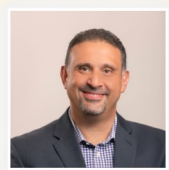
P75

Continue to next page ...

CONTENTS

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Joseph M. Rey 2008-2018

21. Call for Interest IACAPAP Regional Webinar 2026 (June)	P76
22. CAMPH Corner (March 2026 Issue)	P77
23. 28 th IACAPAP Lunch & Learn Webinar Social Media Use and Cyber Mobbing in Young People	P84
24. Mindscapes – Adolescent Expression Corner [Artwork] Ballet	P85
25. Mindscapes – Adolescent Expression Corner [Artwork] Future and Family	P86
26. IACAPAP Education Travel Grant 2026 Open for Application!	P87
27. IACAPAP Member Associations’ Corner	P90
28. Endorsed Event AACAP’s 2026 Annual Meeting	P91
29. Endorsed Event The 12th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP 2026)	P92
30. IACAPAP Bulletin Advertising Opportunities	P93
31. IACAPAP Member Organisations	P95
32. IACAPAP Officers (2022-2026)	P98

President's Message

By: Professor Luis Augusto Rohde, Professor, Department of Psychiatry, Federal University of Rio Grande do Sul, Director, ADHD Program, Hospital de Clínicas de Porto Alegre, Brazil.

It is very sad to be writing this first 2026 presidential column at the moment where the world is facing a new emerging war with unpredictable consequences other than the fact that suffering will again devastate thousands of families and their children. We, at IACAPAP, continue exploring opportunities to work jointly with other international associations to help national mental health associations in impacted countries.

As usual, I want to share with you some news on what we have been developing in IACAPAP since our last bulletin.

First, we just received a letter from the World Health Organization informing us that IACAPAP was approved as Non-State actor in official relations with WHO. Some non-State actors are granted "official relations" status by the WHO Executive Board, a privilege for organizations with sustained, systematic engagement in public health.

Second, we are finishing the preparation of the [World Infant, Child and Adolescent Mental Health Day \(WICAMHD\)](#) in partnership with the International Society for Adolescent Psychiatry and Psychology (ISAPP), the World Association for Infant Mental Health (WAIMH), and the World Psychiatric Association - Child and



Luis Augusto Rohde
IACAPAP President

Adolescent Psychiatry Section (WPA-CAP). This year, we will return to the original day, April 23rd. The theme is "Developing Emotional Safety and Preventing Suicide in a Post-Pandemic World", and the meeting will be chaired by our IACAPAP past president, Daniel Fung. We will also go back to an online format. Thus, I invite you to be with us in this very relevant initiative.

Third, the final preparations for our next World Congress in July are in place. The 25 fellows that will take part in the Donald J. Cohen Fellowship Program (DJCFP) were selected from 280 applications. They come from 21 countries. We received an astonishing number of submissions for oral presentations and posters. Thus, we made every effort to increase the number of presentations at the congress to allow a huge exchange of

ideas, projects, and findings while keeping high scientific and ethical standards in the review process. I would like to thank our review committee composed of 29 clinicians, researchers and experts. Each of them reviewed dozens of submissions. I am very happy to share with you the news that we will have more than 890 oral presentations and posters at the congress! I am sure you will enjoy taking part in this meeting. Thus, I invite you to register as soon as possible. As said before, we have space limitations in the venue and we might have to cap registrations at a certain number, as was the case in Rio de Janeiro's congress. If you want to know more about the speakers' line-up, symposia and the congress in general, please navigate our [congress website](#).

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

- SNF Global Center Clinical Fellowship Program for Low- and Middle-Income Countries (LMICs): The first cohort of Mozambican fellows just finished the second and last year of the program that was developed in Mozambique with both local and remote supervision from Brazil. The second cohort just finished their first year of training in Brazil two weeks ago and they are moving to a second year of training in Mozambique while the third cohort is beginning their first year of training in Brazil. We just had a wonderful meeting with fellows from

these second and third cohorts, the Director of Fellowship Strategy at the SNF Global Center local and Mozambican mentors in Porto Alegre, Brazil where the second cohort hand the baton to their colleagues of the first cohort. I am also happy to announce that the first cohort of Kenyan fellows was selected. The fellows – psychiatrists Muthoni Muthiga and Milcah Olando, and psychologist, Mercy Chege – began their fellowship training in February 2026 in Kenya, working on the IACAPAP curriculum and meeting with other SNF Global Center Fellows. The Fellows are expected to arrive in South Africa in March to begin in-person activities.

- LUMI (Library of Universal Mental Health Instruments) – A Free Assessment Tool to Support Culturally Appropriate Global Data Collection for Child and Adolescent Mental Health: Progress continues in strengthening the scientific rigor and usability of LUMI. Visual identity has been finalized with input from a global professional advisory group and a youth council. A dedicated website will be launched soon to foster a community of professionals interested in contributing to and utilizing LUMI. On the scientific front, item refinement is ongoing to enhance the specificity and precision of outcome measurement. A consolidated manuscript describing the development of LUMI, including its cultural, linguistic, and psychometric validation processes, is currently in preparation. The draft will be

circulated in the coming months to professionals involved in the development process for feedback. The first three national surveys using LUMI are being planned in Greece, Brazil, and South Africa. The development team anticipates that LUMI will be available for use within clinical and research settings by late 2026 or early 2027. As usual, we encourage you to read more about this work on the SNF Global Center's website [here](#).

As the committee headed by Professor Daniel Fung is finishing the selection for the next Executive Committee, we expect to have the composition of the proposed new Bureau in the May. Please keep your eyes on our website for news about the new leadership in IACAPAP as well as the nominees for the IACAPAP Medal and the International Contribution Award.

Our ante-penultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in scientific literature. This time, I would like to share your attention for a paper published in the British Medical Journal on the benefits and harms of ADHD interventions (Gosling CJ et al. Benefits and harms of ADHD interventions: umbrella review and platform for shared decision making. *BMJ*. 2025 Nov 26;391:e085875. doi: 10.1136/bmj-2025-085875). Why do we highlight this paper if we have some other recent meta-analyses on the topic in the field? For two main reasons: 1) This is the most comprehensive and standardized review of evidence across different

pharmacological and non-pharmacological treatments, age groups, and different outcomes; 2) The authors provide their findings in an open-access, easy to use and continuously updated online platform to make both complex evidence accessible for clinicians and to support shared decision making in clinical practice. Moreover, it is already translated in 7 languages - see the platform at <https://ebiadhd-database.org/>.

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

- We already have both the program completed for our World Congress in Germany and an expressive number of registrations for the congress.
- Due to budgetary restrictions, we did not define yet another pair of countries for the SNF Global Center Clinical Fellowship Program for Low- and Middle-Income Countries.
- We had the visual identity for the LUMI defined and we are preparing submissions on the process describing its creation and cultural, linguistic and psychometric validations.
- We expect to have LUMI available for use in the clinical and research worlds by the worldwide community of CAMH professionals in the second semester of 2026/first trimester of 2027.
- The list of research priorities on digital environments and youth mental health for the next three years as a result of collaborative work with WHO and Orygen is to be launched in the next few weeks.

Our auditable goals up to the next bulletin are:

- A report for our term at the IACAPAP bureau in our next presidential column.
- Everything ready for the World Congress in Germany and more than 2,000 registrations for the congress.
- LUMI data collection occurring in three countries and papers describing its creation and cultural, linguistic and psychometric validations in final process of submission.

- The process of having LUMI available for use in the clinical and research worlds by the worldwide community of CAMH professionals in the second semester of 2026/first trimester of 2027 running without delays.
- The list of research priorities on digital environments and youth mental health for the next three years as a result of collaborative work with WHO and Orygen launched.

I hope you all enjoy reading our Bulletin.

.

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



Invitation to participate in the G-CAMH Curriculum Development and Engagement Survey

IACAPAP is collaborating with the World Psychiatric Association (WPA) Child and Adolescent Psychiatry Section to develop a framework for a training curriculum for global child and adolescent mental health (G-CAMH) for psychiatrists and allied professionals. This project aims to identify core content and flexible criteria that support local adaptation and community relevance, with input from clinicians, educators, policymakers, families, and youth.



Purpose of the Survey

The purpose of this survey is to gather diverse perspectives on which knowledge, skills, and competencies should be prioritised in designing a global child and adolescent psychiatry and mental health curriculum, and how such training can be effectively adapted to local cultural, social, and service contexts. Your insights will help shape an evidence-informed, inclusive curriculum that supports the next generation of mental health professionals across all regions.

We invite you to participate in the G-CAMH Curriculum Development and Engagement Survey via the following link or by scanning the attached QR code:

Survey Link: <https://forms.cloud.microsoft/r/x4MyX0MkYt>

Thank you for contributing to this global initiative to strengthen child and adolescent mental health education and practice worldwide. If you have any questions, please contact us at info@iacapap.org.





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

Full
**scientific
programme**
now available
online



www.iacapap-congress.com



Empowering Mental Health in a Changing World: IACAPAP 2026

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

A Rich Scientific Programme and Easy Registration

IACAPAP 2026 promises a diverse and dynamic scientific programme, featuring keynote lectures, interactive workshops, panel discussions, and poster sessions. Topics will span clinical innovations, policy development, trauma-informed care, neurodevelopmental disorders, and digital mental health tools. Online registration is open, with tiered fees based on the World Bank Country Classification to ensure global accessibility.

Participants can register via the congress website at www.iacapap-congress.com.

Discover Hamburg and the CCH Experience

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

Join the IACAPAP Community and Contribute

IACAPAP warmly invites child and adolescent psychiatrists, psychologists, researchers, and allied professionals to join the congress and become part of its vibrant community. The congress received an impressive 899 abstract submissions, of which 463 were oral presentation abstracts and 427 were poster abstracts. A total of 744 individual submitters from 82 countries contributed to this year’s call. The gender distribution among submitters was 70% female, 29% male, and 1% diverse, reflecting the global and inclusive nature of our community.

IACAPAP warmly thanks all child and adolescent psychiatrists, psychologists, researchers, and allied professionals who contributed. Your submissions form a vibrant and diverse scientific foundation for the congress and played a vital role in advancing mental health care for young people worldwide.



Website: www.iacapap-congress.com

Email: iacapap2026@cpo-hanser.de

Welcome Address



Tobias Banaschewski
Congress President

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



Luis Augusto Rohde
IACAPAP President

Congress Committees

Congress President & Head of LOC

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

Scientific Secretary

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

Local Organising Committee (LOC)

- Tobias Banaschewski, Mannheim, Germany
- Sarah Baumeister, Mannheim/ Stuttgart, Germany
- Alexander Häge, Mannheim, Germany
- Sarah Hohmann, Hamburg, Germany
- Nathalie Holz, Mannheim, Germany
- Hans-Henning Flechtner, Magdeburg, Germany
- Florian Zepf, Jena, Germany
- Manfred Gerlach, Würzburg, Germany

Scientific Advisory Board (SAB)

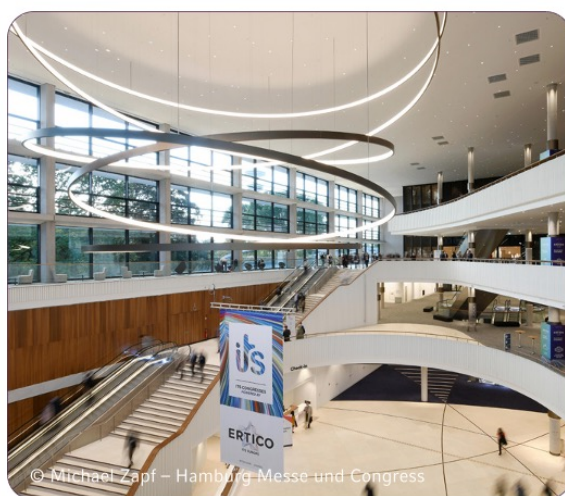
- Celso Arango, Spain
- Sven Bölte, Sweden
- Matthew R. Broome, United Kingdom
- Jan Buitelaar, The Netherlands
- David Coghill, Australia
- Samuele Cortese, United Kingdom
- Tycho Dekkers, The Netherlands
- Bruno Falissard, France
- Michael Goetz, Czech Republic
- Kazumasa Kimura, Japan
- Shuyan Liu, Germany
- Christian Monsalve, USA
- Carmen Moreno, Spain
- Peter Nagy, Hungary
- Paul Plener, Austria
- Guilherme V. Polanczyk, Brazil
- Yehuda Pollak, Israel
- Diane Purper Quakil, France
- Pradeep Rao, Australia
- Luis Augusto Rohde, Brazil
- Carmen M. Schröder, France
- Christina Schwenck, Germany
- Emily Simonoff, United Kingdom
- Argyris Stringaris, United Kingdom
- Anita Thapar, United Kingdom
- Gail Tripp, Japan
- Mario Valdivia, Chile
- Benedetto Vitiello, Italy
- Susanne Walitza, Switzerland



Congress Venue: Congress Center Hamburg (CCH)

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

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



Address

CCH – Congress Center Hamburg
Congressplatz 1
20355 Hamburg



Congress Destination: Hamburg

Discover Hamburg – Where Innovation Meets Inspiration

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

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

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

Your Hotel Booking for the IACAPAP 2026

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



Hotel
Booking



Arriving by plane



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

Arriving by public transport



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

Arriving by car



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

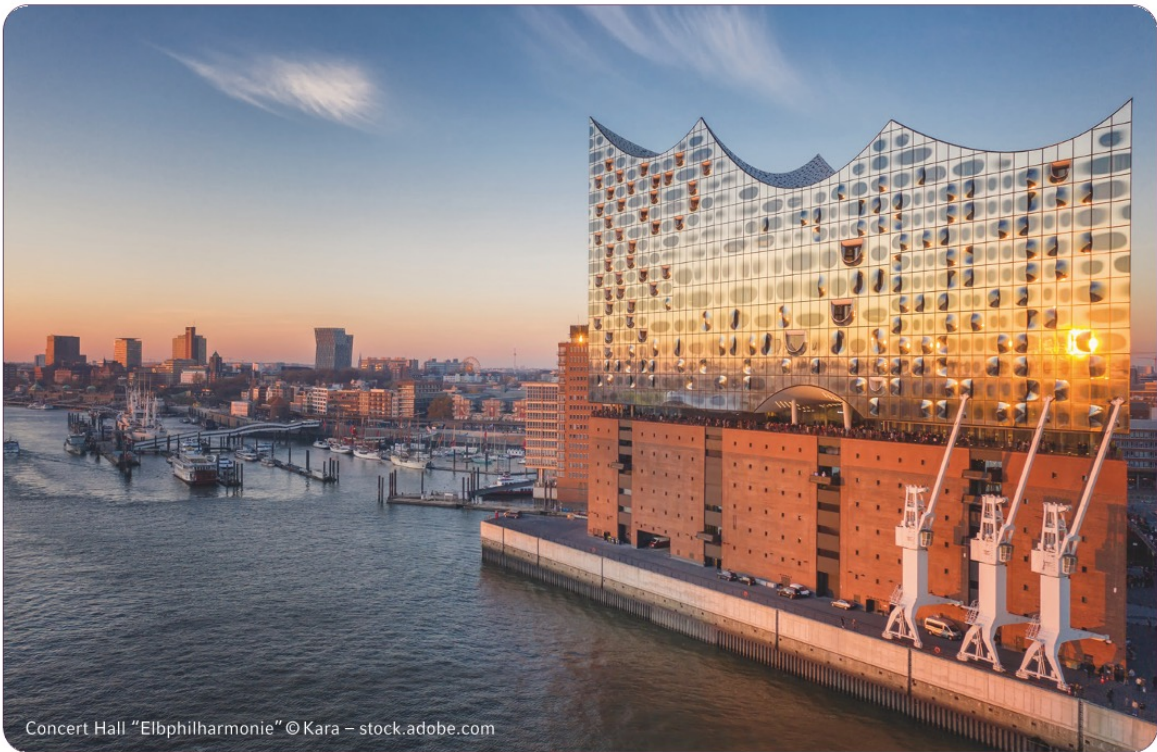
Arriving by train



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



Event Ticket
Deutsche Bahn





Keynote Speakers

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



Laelia Benoit,
France



Sven Bölte,
Sweden



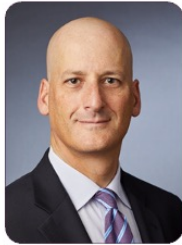
Hilary Cass,
UK



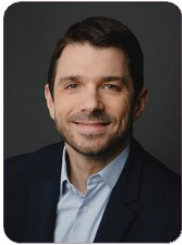
Argyris Stringaris,
UK



Bruno Falissard,
France



Andrés S. Martin,
USA



Guilherme V.
Polanczyk, Brazil



Ilina Singh,
UK



Ayesha Mian,
Pakistan



Tycho Dekkers,
The Netherlands



Jörg M. Fegert,
Germany



Kapil Sayal,
UK



Paul Plener,
Austria



Cecil Prins-Aardema,
The Netherlands



Chiara Servili,
Switzerland



Philip Shaw,
UK



Olayinka Olusola
Omigbodun, Nigeria



Barbara Franke,
The Netherlands



Yewande Olufunmi-
layo Oshodi, Nigeria



Tobias Banaschewski,
Germany



Keynote Lectures at IACAPAP 2026: Ideas shaping the future of Child & Adolescent Mental Health

From digital safety to global equity, biology of ADHD, and climate resilience, this year's keynote lectures bring you bold, practice-changing insights from leading voices around the world. Jörg M. Fegert (Germany) explores Beyond the screen: Protecting children in the digital age, addressing technology-assisted risks and the systems needed to keep young people safe. Barbara Franke (The Netherlands) traces the journey from basic science to clinical applicability in Biological mechanisms of ADHD across the lifespan. Yewande Olufunmilayo Oshodi (Nigeria) amplifies Voices from the Global South, challenging stigma and inequity with locally grounded solutions.

We'll also dive into mechanisms of treatment with Argyris Stringaris (UK), unpack nonsuicidal self-injury with Paul L. Plener (Austria), and outline a global training framework with Ayesha Mian (Pakistan). Tycho Dekkers (The Netherlands) calls for a more contextual narrative of ADHD, while Andrés S. Martin (USA) and Cecil Prins-Aardema (The Netherlands) offer candid reflections on clinicians' lived experience. Laelia Benoit (France) spotlights climate change and youth mental health; Sven Bölte (Sweden) presents Psychiatry 2.0 using WHO's ICF; and Bruno Falissard (France) asks whether our field carries invisible colonial dynamics.

Plus, a growing roster of confirmed keynote speakers, including Hilary Cass (UK), Kapil Sayal (UK), Chiara Servili (Switzerland), Philip Shaw (UK), Guilherme V. Polanczyk (Brazil), Ilina Singh (UK), Olayinka Olusola Omigbodun (Nigeria), Tobias Banaschewski (Germany), and Dixon Chibanda (Zimbabwe), will help you rethink the future of care across systems, cultures, and contexts.

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

Full scientific programme now online

We are pleased to announce that the full scientific programme is now available online! Delegates can explore all scheduled sessions in detail and conveniently plan their congress experience.

- Browse all sessions across the entire congress.
- Filter by date, topic, or session type to find exactly what interests you.
- Search for speakers quickly and easily.
- View the full speaker line-up per session to see who will be presenting.

Start exploring the programme today and get inspired by the rich scientific content awaiting you.



Keynote Lectures



Scientific Programme

Online Registration

Be part of the 27th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), taking place from 1–4 July 2026 in Hamburg, Germany. This global event brings together mental health professionals, researchers, and advocates to share knowledge, inspire innovation, and shape the future of child and adolescent mental health. The regular registration fees are still available **until 30 April 2026**. Don't miss the opportunity to take advantage of discounted prices before the deadline!



Scan the QR code to register online!

Individual Registration for IACAPAP 2026

Category	Regular Fee 21 January–30 April 2026	Late / On-Site Fee 1 May–4 July 2026
IACAPAP Individual Member ⁵⁾		
High Income Countries	EUR 620	EUR 690
Upper Middle Income Countries	EUR 530	EUR 590
Low & Lower Middle Income Countries	EUR 450	EUR 500
IACAPAP Member Associations ¹⁾		
High Income Countries	EUR 660	EUR 730
Upper Middle Income Countries	EUR 560	EUR 620
Low & Lower Middle Income Countries	EUR 480	EUR 530
Non-Member		
High Income Countries	EUR 720	EUR 790
Upper Middle Income Countries	EUR 630	EUR 690
Low & Lower Middle Income Countries	EUR 550	EUR 600
Undergraduate students, post-graduate students, Master's Students, Fellows ²⁾		
High Income Countries	EUR 500	EUR 550
Upper Middle Income Countries	EUR 420	EUR 470
Low & Lower Middle Income Countries	EUR 360	EUR 400
Other		
Press Registration ³⁾	EUR 0	EUR 0
Accompanying Person ⁴⁾	EUR 110	EUR 110

All prices in EURO (EUR).

All prices are gross values including 19% German VAT for registration fees.

- 1) Please select the applicable member association and verify that you are a member in good standing without any outstanding membership fees.
- 2) Please upload a valid student ID or an official document confirming your current enrollment at an educational institution.
- 3) Please upload a valid press pass or an official document confirming your work as a journalist or member of the press.
- 4) Applicable for spouses/partner or children older than 18 years. Access to Opening Ceremony and Networking Reception on 1 July 2026 and Guided Tour of Hamburg for the Accompanying Person only. No access to the scientific programme or the exhibition area.
- 5) Please verify that you are a member in good standing at the time of the congress (2026) without any outstanding membership fees. If your IACAPAP Individual Membership ends prior to the congress date, please make sure to renew your membership.

World Bank Country Classification

Scan the QR code to see which country classification applies to you.



World Bank Country Classification

”

Let's make IACAPAP 2026
an unforgettable experience.
Secure your spot today and be part of a
global movement for better mental health
in children and adolescents.

”

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Understanding Autism Through a Socio-Cultural Lens: Insights from Ghana's Child and Adolescent Mental Health Clinic

By: Dr. Pearl Adu-Nyako MD, MGCPs, Department of Psychiatry, Komfo Anokye Teaching Hospital, Emmanuella Oduro BSc. Biological Science. KNUST, Mindpearls Consortium | 2025.

Introduction

Autism Spectrum Disorder (ASD) prevalence is on the increase as a public health concern worldwide. It manifests with a variety of developmental challenges in three broad areas, but with highly variable manifestations. It is managed in a highly variable manner, largely based on a complex interaction between multiple factors, some of which are sociocultural, economic, and related to policy dynamics present in the affected individual's country of residence. In Ghana and much of Sub-Saharan Africa, sociocultural beliefs, norms, religious interpretations, limited diagnostic tools, and resources shape how families perceive and respond to autism. These factors and several others can affect the presentation, clinical diagnosis, and selection of interventions for management. This article explores the possible findings anticipated from an ongoing study at the Komfo Anokye Teaching Hospital (KATH), one of Ghana's leading healthcare institutions that provide child and adolescent mental health care services,. highlighting how socialization and culture intertwine with ASD and may impact diagnosis and/or care.

Prevalence of ASD in Ghana compared to US and Canada

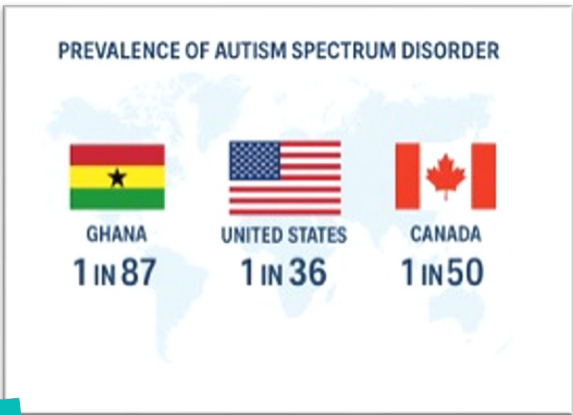


Figure 1: Prevalence of Autism Spectrum Disorder

Autism in Context: The Ghanaian Perspective

Globally, ASD is characterized by persistent challenges in social interaction and communication, alongside repetitive behaviors and restricted interests. In Ghana, these features are often filtered through a spiritual, social, cultural or behavioral lens. Behaviors such as limited eye contact or repetitive movements may be seen not as developmental markers of diversity, but as signs of "spiritual affliction" or "disobedience" (1,2).

This perception delays formal diagnosis and care, as families often turn first to prayer camps, herbalists, or community elders, or they completely resign from seeking intervention. By the time medical professionals are consulted, many children have already missed the early developmental window where intervention is most effective (3).

Sociocultural Influences on Diagnosis

The KATH Child and Adolescent Mental Health Clinic (CAMHC) offers a unique vantage point for research into understanding how cultural and social dynamics influence autism diagnosis and intervention needs. The ongoing research aims to examine how sociocultural factors, including gender expectations, family structure, and community beliefs, influence the presentation and recognition of ASD.

Preliminary findings suggest that:

- Spiritual explanations for ASD remain common.
- Mothers are often blamed for the condition.
- Urban families are more likely to seek psychiatric help, while rural families rely on traditional or religious approaches.
- Girls are frequently underdiagnosed.

These findings underscore the urgent need for culturally sensitive diagnostic tools that recognize how symptoms

manifest within Ghanaian sociocultural contexts.

Pathways to Child and Adolescent Mental Health Care in Ghana



Figure 2: Pathways to Care in Ghana

Challenges with Western Diagnostic Tools

Most diagnostic frameworks used in Ghana, such as the ICD-11 and Modified Checklist for Autism in Toddlers (M-CHAT-R/F), were developed in Western contexts (4,5). While effective globally,

Diagnostic Indicator	Western Interpretation	Ghanaian Cultural Context
Limited eye contact	Core ASD symptom	Respect for elders
Repetitive behaviors	Restricted pattern	Spiritual manifestation
Speech delay	Developmental concern	“Late talker” or “quiet child”
Poor social play	Autism marker	Shyness or reserved behavior

Figure 3: Comparison Table - ICD-11 vs. Ghanaian Context

these tools often fail to account for local social behaviors or communication norms.

For instance, maintaining direct eye contact with adults is discouraged in many Ghanaian households. Thus, a lack of eye contact, often a diagnostic marker in Western assessments, may not signal developmental impairment but rather social etiquette. Similarly, speech delays or quietness in girls may be interpreted as politeness or shyness rather than a clinical concern.

Without contextual adaptation, these tools risk misdiagnosis or underdiagnosis, leaving many children without needed services (6).

Toward Cultural Adaption and Inclusion

The KATH CAMHC is preparing for a mixed-method approach that combines quantitative analysis of clinical features with qualitative insights from caregivers. Through interviews and focus groups, caregivers express frustration, stigma, and isolation but also resilience and hope. Many families advocate for public

education and faith-community collaboration to reduce stigma.

The project’s goals include:

- 1. Establishing a national ASD profile that reflects Ghanaian diversity.
- 2. Identifying gaps between ICD-11 criteria and local presentations.
- 3. Developing context-sensitive diagnostic guides for early detection.
- 4. Training healthcare workers to enhance cultural competence.

Research Model Diagram

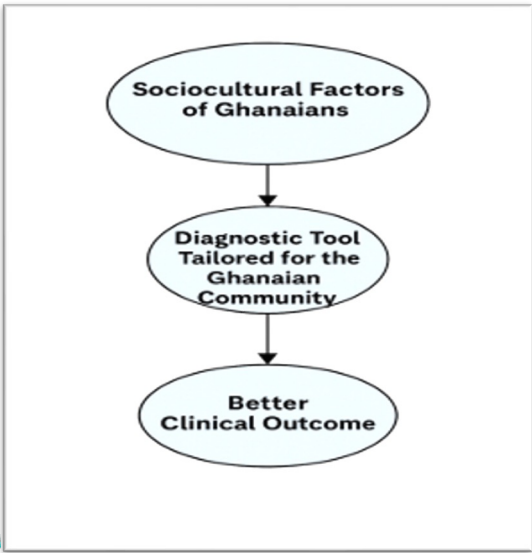


Figure 4: Research Model Diagram

Policy and Practice Implications

Culturally tailored approaches to ASD diagnosis and care are critical to ensuring equity in mental health services. Policymakers should:

- Support local validation of diagnostic tools.
- Expand awareness campaigns through schools, churches, and community media.
- Provide training for healthcare professionals in cultural sensitivity.
- Encourage collaboration among families, traditional leaders, and clinicians.

The research is expected to form the foundation for developing Ghana's first culturally validated autism diagnostic framework, aligning with IACAPAP's mission to promote global child and adolescent mental health through culturally informed practice.

Conclusion

A comprehensive approach to care for individuals with autism is the gold standard recognized globally, which needs to be associated with a cultural and social phenomenon shaped by the beliefs and systems surrounding each child. Ghana's growth in research in this field can power contextual understanding in improving early detection and support.

By bridging Western diagnostic science with Ghanaian cultural realities, we can create a more inclusive model of care that recognizes both the universality and diversity of autism.

Acknowledgement

I am sincerely grateful to Dr. Ama Addo, Royal College of Psychiatry UK for her mentorship, Dr. Eugene Dodoye, CEO Mental Health Authority and Mr. Boakye-Yiadom Jonathan's support throughout this work.

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 **IACAPAP**
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The Language of Psychiatry: Speaking with Each Other, Listening to Each Other...

By: Gordon Harper, MD, Associate Professor of Psychiatry, Harvard Medical School, United States.

There is a challenge in Psychiatry we don't talk about: the five languages we use when we talk with each other and with patients.

These languages can be named and defined as follows:

- **Descriptive:** an objective listing of symptoms
- **Categorical:** the words used, as in the DSM or ICD 11, to name a pattern of symptoms, called a disorder
- **Experience-near:** ordinary language that captures the experience of the person
- **Etiological:** hypothesized origins (genetic, early life, current stressors and context; brain functioning)
- **Developmental-recovery:** placing each symptom in a process of growth, learning, and adaptation - where is the person on that path?

To illustrate these let's apply them to one condition, borderline personality disorder:

- Regarding any condition, we can ask:
- What words does the person use for their condition?
 - What words has the person heard professionals use?
 - How has the person felt about the words used?
 - Do the words fit? How do the words make the person feel? Different? Sick? Ashamed? Hopeful? Understood? Respected?

These different ways of speaking differ from the perspectives of Psychiatry delineated by McHugh and Slavney: diseases, dimensions of personality, goal-directed behaviors, and life stories. Here we focus not on where our ideas come from, but on how we speak. We consider these different languages, acknowledge the confusion (and sometimes distress) that patients and family members feel in hearing these terms applied to themselves or their loved ones, and offer suggestions as to how we might do better.

Descriptive	Categorical (DSM-5)	Experience-near	Etiological	Developmental-Recovery
Instability of interpersonal relationships, self-image and affects, and marked impulsivity...	Borderline personality disorder	["You have"] Lots of big ups-and-downs in feelings and relationships, over many years	Genes, adverse early life experiences, altered neurocircuits	At a certain stage of learning to recognize, acknowledge, and manage instabilities

Figure 1: Category of Five Languages

How it Feels to Patients

People respond differently to getting a psychiatric diagnosis. For some, the diagnosis is clarifying and enhances personal dignity: "At last I felt it wasn't a personal failing of mine, but a medical condition that anyone could have." Diagnostic findings can strengthen this positive - and appreciated - redefinition of the problem.

At the other extreme, the diagnosis can feel like a confirmation of something "objective" but experience-distant. "I don't want to be given another medical jargon term - I want someone to understand what it's like for me."

With patients be sure to ask, not just what diagnosis the patient may have been given in the past, but to ask as well, How did they understand that diagnosis, How did it fit or not with their experience, and How did they feel about it?

Feeling Understood

Key to how the patient feels about the diagnosis is how much he or she feels understood - feels that someone "gets it". The importance in human development of feeling understood - or not - "Nobody understands me" -- has not been reflected appropriately in the psychiatric literature - or the developmental literature in general. I

have collected phrases that help patients feel understood - or not.

There are a few take-homes from this review.

- One, do not assume that diagnostic statements, in language that works for us, will work for the patient. Be curious!
- Second, review the statements that are affirming and validating, and contrast them with those that are the opposite. Receptivity, appreciation, validation - "I get it" - are most useful responses. Especially, avoid defensive statements, saying something like, "Well, there may be more than one way to see that," as opposed to, "But really, what happened was..."
- Third, shun the use of the pseudointerrogative "Why?" as in, "Why did you walk into my clean kitchen with your muddy boots on?" in which there is clearly a reproach hiding beneath the inquiry.
- Fourth, frame information, wherever possible, in the terms of growth, learning, and healing, rather than as static conditions. Rather than, "Father died when he was four" try to frame that in terms of recovery: "Father died when he was four and family never talks about him - question of frozen grieving." Or, rather than, "Got the

diagnosis four months ago and won't talk about it" try, "At an early stage of..."

Ways Forward

- Include this topic, of the usefulness of acknowledging the unacknowledged, in curricula.
- Collect stories that illustrate the power of the uncoordinated languages
- Develop clinical exercises for students, featuring different languages and asking the student how to manage the differences.

Further studies

- Does something like the Five Languages occur in other specialties?
- What about in settings with other languages? With other cultures? Apart from the U.S.?
- Does Intervention lead to better patient outcomes?

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



A Growing Community: Continuity and New Horizons for the IACAPAP Early Career Group

By: Dr. Charlene Gumbo¹ and Dr. Andrés Román-Jarrín², Early Career Group Coordinators

¹Principal Consultant Psychiatrist, Department of Psychiatry, Chiromo Hospital Group, Kenya.

²Adult & Child and Adolescent Psychiatrist, Adjunct Professor of Psychiatry, Universidad Espíritu Santo (Ecuador), PhD Researcher, University of Seville (Spain).

Professional communities rarely emerge fully formed. More often, they begin with a small group of people who share a need for connection, guidance, belonging, and a sense that their voice matters within a larger international field. Four years ago, the IACAPAP Early Career Group (ECG) began in precisely this way through the initiative of Dr. Dina Mahmood and Dr. Dicle Büyüktaşkın, who envisioned a space where early career child and adolescent mental health professionals could find an international home within IACAPAP.

From Vision to Global Community

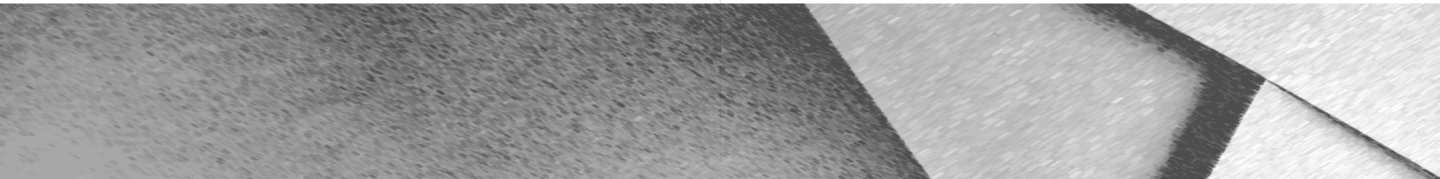
Since its inception, the ECG has grown into a truly global community. Today, it includes 52 members from 23 countries, representing diverse professions, training pathways, and cultural contexts. Over time, the group has fostered not only professional learning but also

genuine collegial connection. This balance between development and human connection has become one of its defining features.

Ongoing engagement is reflected in the steady arrival of new applications. The mentorship programme has become a central pillar of our activities, providing structure while allowing relationships to develop naturally. Quarterly meetings offer opportunities to exchange perspectives across regions, discuss clinical and training experiences, and learn from one another’s healthcare systems. Together, these interactions have shaped the ECG into a collaborative international community rather than simply a programme.

Leadership Transition and Continuity

As we assume the role of coordinators, we do so with an awareness that we are



joining something carefully built over time. Our intention is not to redefine what already works well, but to preserve its spirit while allowing it to continue evolving. We come from different geographic and professional contexts that reflect the diversity of IACAPAP.



Dr. Charlene Gumbo

Dr. Charlene Gumbo, a consultant psychiatrist based in Nairobi, Kenya, works across clinical care, academic teaching, and advocacy in child, adolescent, and youth mental health. Her work at Chiromo Hospital Group emphasizes multidisciplinary collaboration, mentorship, and capacity strengthening. Her research interests include suicide prevention, ADHD, depression, and anxiety among young people, and she is committed to empowering early-career professionals and developing future leaders.

Dr. Andrés Román-Jarrín, an adult and child & adolescent psychiatrist from Ecuador, has trained across multiple international systems, including Spain and the United States. His academic pathway combines clinical practice, research, and education, with a Master's

degree in Mental Health Research and ongoing research work focused on neurodevelopment and early life stress. Through international training programmes and fellowships within IACAPAP, he has developed a strong interest in collaboration, mentorship, and supporting the professional growth of clinicians and researchers early in their careers.



Dr. Andrés Román-Jarrín

Through our previous involvement in ECG activities, mentorship initiatives, and international early career programmes, we have experienced how meaningful supportive professional networks can be during the early stages of one's career. As coordinators, we therefore see our role not simply as organizational but relational, facilitating connection, encouraging dialogue, and creating spaces where colleagues can learn with and from one another across borders and professional backgrounds.

From this perspective, the ECG's activities are practical expressions of a shared purpose. Each initiative aims to translate connection into growth and belonging into professional development. Strengthening and expanding structured opportunities for exchange is therefore a central focus of our work moving forward.

Mentorship and Professional Development

The mentorship programme continues to grow. In the current cycle, it includes 19 participants from 12 countries and 10 generous mentors, illustrating the international community’s commitment to the next generation. Beyond individual mentorship relationships, we hope to encourage gradual scholarly engagement through collaborative discussions, shared educational activities, and participation in academic initiatives suited to each member’s context.

Expanding International Exchange and Collaboration

Looking ahead, we aim to expand opportunities for meaningful exchange. One initiative being launched is the IACAPAP ECG Early Career Exchange Program, designed to support professional development through structured international observerships, training experiences, or academic exchanges. The goal is both learning across systems of care and strengthening global collaboration within the IACAPAP network. Exposure to diverse clinical environments often broadens perspectives in ways that complement formal training, and we hope this programme will make such experiences accessible to more colleagues.

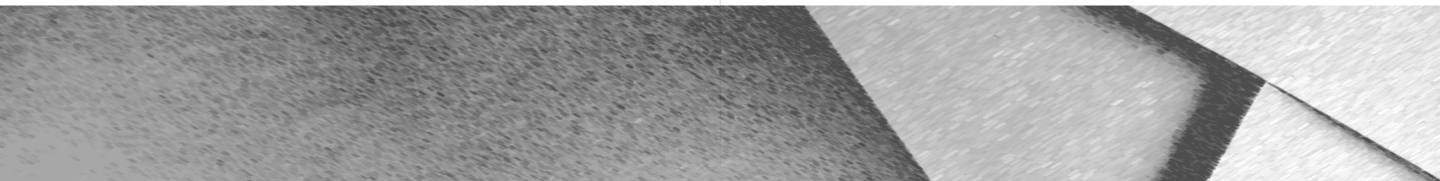
We also hope to deepen collaboration with other professional organizations. Child and adolescent mental health challenges increasingly transcend borders, and our professional networks should reflect that reality. Partnerships create opportunities for early career professionals to compare training pathways, share service development strategies, and engage in a broader global dialogue.

Looking Ahead: A Shared Professional Home

At its core, the ECG has always been about people rather than programmes. Structures provide stability, but relationships give them meaning. What began as a small space for connection has gradually become a shared professional home for colleagues across continents, training systems, and cultures. Our responsibility is to care for that space while allowing it to grow through the participation of its members.

We warmly invite trainees and early career colleagues to join us in this next phase: whether through mentorship, collaboration, or participation in activities. The future of the ECG will not be defined by its coordinators alone, but by the collective curiosity, generosity, and engagement of the community itself.

We would also like to express our sincere gratitude to the IACAPAP Executive



Committee for its continued support of the Early Career Group, and particularly to the Secretary General, Dr. Yewande Oshodi, for her constant encouragement and guidance. Her support has helped sustain the development of the ECG and reinforces its place within the broader IACAPAP community.

In many ways, the ECG reflects the idea with which it began: that professional growth in child and adolescent mental health is strengthened when it is shared.

We look forward to continuing this work together and ensuring the ECG remains a welcoming space where early career professionals can grow, connect, and contribute.

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Advancing Family-Based Practice in Children and Adolescents' Mental Health: Reflections from a Family Therapy Practicum

By: Ruziana Masiran^{1,2}, Consultant Psychiatrist & Family Therapist

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Across the Asia-Pacific region, professionals providing mental health care for children and adolescents are increasingly encountering complexity, as families present with layered mental health issues that often require sophisticated, multi-systemic interventions beyond standard individualised care models (Bobek et al., 2025). Stretched mental health service systems and contemporary societal shifts, including economic uncertainty, political polarisation, and intergenerational wealth inequality, have further intensified the prevalence of psychological distress across populations. In this context, family-based and systemic approaches are not optional enhancements, but key components of adequate mental health care. These frameworks recognise that individual well-being is inextricably linked to broader relational and societal dynamics, necessitating interventions that address the root causes of distress rather than merely treating symptoms (Beresin et al., 2024).

From August 2025 to January 2026, Malaysian mental healthcare practitioners participated in the Family

Therapy Practicum 2025 (FTP2025), held at Hospital Sultan Abdul Aziz Shah, a Universiti Putra Malaysia (UPM) teaching hospital. The programme director and chairperson, Dr Ruziana Masiran, facilitated the practicum alongside trainer Mr Darrel Devan Lourdes, a family therapist from the Andolfi Family Therapy Centre. The hands-on training was conducted to strengthen family-focused clinical practice, nurture reflective practitioners, and build capacity in child and adolescent mental health. This article is a reflective account of the practicum, including its rationale, structure, learning processes, and observed impact, situated within IACAPAP's shared commitment to improving the mental health and developmental outcomes of children and adolescents through contextually responsive and collaborative care.

Why a Family Therapy Practicum?

Children and adolescents do not experience distress in isolation. Their emotional and behavioural worlds are shaped within families, schools, communities, and broader social systems. While this understanding is widely acknowledged, opportunities for

structured training and supervision in family-based approaches remain uneven in Malaysia and across the region. Many clinicians working in the child and adolescent mental health services report limited access to sustained family therapy supervision, particularly supervision that integrates systemic thinking with the developmental and cultural sensitivities. FTP2025 was developed in response to this gap. Its primary aim was to support Malaysian psychiatrists and clinical psychologists in moving beyond individual-focused formulations and working more thoughtfully with families as key agents of recovery. At the same time, FTP2025 sought to create a learning community that transcended institutional and national boundaries, reflecting the region's collective strengths.

FTP2025 had the following practice-oriented objectives that aligned with IACAPAP's values:

- To strengthen clinicians' capacity to assess and intervene using a systemic perspective and family-based interventions in child and adolescent mental health.
- To enhance clinicians' reflective practice, ethical awareness, and sensitivity to developmental and cultural contexts.
- To foster regional connection and mutual learning among child and adolescent mental health professionals.

Structure and Learning Process

Conducted over six months, the five-sessions, face-to-face practicum

combined structured sessions with ongoing reflective engagement. The sessions were held on:

- 28 August 2025
- 25 September 2025
- 30 October 2025
- 18 December 2025
- 15 January 2026

There were eight Malaysian participants and one Indonesian participant who travelled from Jakarta to ensure full engagement throughout each of the practicum sessions.



Figure 1: Participants of FTP2025 with the programme director, trainer, facilitators, and some of UPM's Master of Medicine (Psychiatry) students. Standing (from left): Dr Ruziana, Ms Syamil Sofiah, Dr Kobbiganivaarani, Dr Azween Sharina, Dr Aliaa, Ms Cheryl, Ms Sim Teng, Dr Nurdalila Diyana. Sitting (from left): Dr Suzy Yusnadewi, Prof. Dr Nik Ruzyanei, Mr Darrel, Assoc. Prof. Dr Hamidin, Assoc. Prof. Dr Wan Salwina, Assoc. Prof. Dr Rahima.

The core elements of the practicum included live case presentations, facilitated systemic formulation, and reflective discussion. The first session, *Thinking in Systems*, invited participants to look beyond the individual child and attend to the patterns, relationships, and contexts shaping their experiences. In the second session, a four-step model

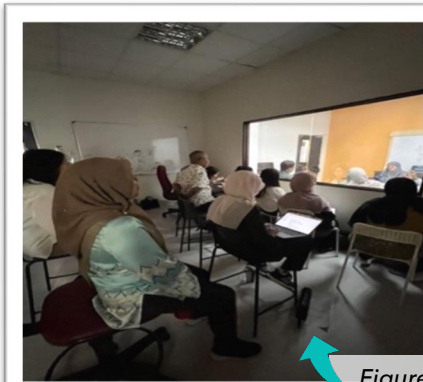


Figure 2



Figure 3

Figure 2 - 4: Attending practicum program



Figure 4

was introduced as a flexible guide to support thoughtful assessment and intervention, helping participants remain grounded when working with complex family situations.

Subsequent session explored how unresolved pain can travel across generations, quietly influencing family relationships and parenting patterns. During the Intergenerational Trauma session, participants recognised the importance of moving from blame to compassion and healing.

In the fourth session, participants learned that attending to the couple's relationship can create meaningful shifts that more effectively support the child's emotional world than child-focused work

alone. The practicum concluded with a focus on 'the therapist's self', during which participants developed their own genograms drawn and reflected on how their assumptions, emotions, and positioning influence their clinical work. This process helped them cultivate greater awareness and presence when working with families.

Regional Participation and Cross-Border Learning

A distinctive feature of the FTP2025 was its regional composition. Participants included child and adolescent mental health professionals from Malaysia and one from Indonesia. This cross-border participation enriched the learning environment in meaningful ways. Differences in service structures, cultural understandings of family roles, and approaches to child-rearing prompted reflective dialogue rather than comparison or hierarchy. Local participants noted that hearing how colleagues in Indonesia navigated family engagement and resource constraints deepened their appreciation of contextual adaptability and cultural humility.



Figure 5: Picture of attendees.

Key Learning Themes

Several consistent learning themes emerged across the FTP2025. First, participants increasingly recognised that families are resources for change. Mental healthcare providers must therefore engage families as allies rather than as sources of difficulty. The practicum also supported clinicians in tolerating uncertainty, resisting premature conclusions, and remaining curious about the relational patterns. Participants reported greater clarity in linking children's symptoms to relational, developmental, and contextual factors. Work on the Self of the Therapist further emphasised that therapist assumptions, emotional responses, and cultural positioning as core clinical competencies.

Observed Outcomes and Lessons Learned

Participants described shifts in how they conceptualised and conducted their clinical work. Qualitative feedback suggested increased confidence in engaging families, greater flexibility in interventions, and an enhanced ability to

work alongside families over time while attending to developmental trajectories and relational change. Nonetheless, the practicum was not without challenges. Differences in service expectations and training backgrounds also required ongoing negotiation and openness. The programme organiser recognised the importance of creating psychologically safe learning spaces, maintaining flexibility in programme design, and sustaining supervision and reflection as essential components of family-based child and adolescent mental health practice.



Figure 6: The organising committee members from Hospital Sultan Abdul Aziz Shah and the Faculty of Medicine & Health Sciences, Universiti Putra Malaysia. From left (standing): Mr Roslan Yusoff, Mrs Norlindawati Mohd Nor, Mrs Noorsyahira Mohd Shukri and Miss Aishah Farhana Shahbudin. Sitting: Dr Ruziana Masiran.

Conclusion

FTP2025 represents a meaningful contribution to advancing family-based practice in child and adolescent mental health in the region. Family-based systemic practice remains a vital foundation for effective child and

adolescent mental health care. Sustained supervision, regional collaboration, and reflective learning spaces are essential to supporting clinicians and the families they serve.

Reflections from A Participant (Ms Syamil Sofiah Hussin):

The final session on the subject "Self of Therapist" was the hallmark of the programme, personally. Understanding that family therapy is an amalgamation of theory, tools, and the self has helped me stay grounded as a family therapist moving forward. In particular, I find that exploring the therapist's unfinished business, unmet needs, and the available resources in the concept of "Self" helps journey through the commonly feared process of growth. From the session, a personally important takeaway concerned Bowen's theory of differentiation of self. Based on the theory, I recognise that, as a therapist, I should aim to hold a higher "I position" than the client to facilitate the therapeutic process. However, if the therapist's "I position" is lower than the client's, family therapy may be found to be challenging and difficult to navigate. The concept was meaningful to me because I believe that being more mindful of my "I position" signifies my role as a fundamental instrument in therapy. I also learned that neutrality (or taking a neutral position) does not facilitate change; instead, change should happen through one's presence, taking emotional risks, and curiosity. Importantly, as a family therapist, one should not aim to become a healed therapist. Instead, by constantly working

to empty the bucket, working with families without being emotionally captured may become a lighter task.

Acknowledgement

We would like to express our sincere appreciation to all participating psychiatrists, clinical psychologists, and medical officers for their active engagement and commitment throughout the five Family Therapy Practicum sessions.

We are especially grateful to the families who generously consented to participate in the live therapy sessions; their openness and trust made meaningful learning possible for everyone involved.

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Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF): Resurgence of Mental Health Issues in Haiti

By: Jean-Claude Dorsainvil, President of Haitian Association for the Mental Health of Children, Adolescent and the Family (HAMCAF).

Haiti faces serious mental health problems linked to the socio-economic crisis, the violence of armed gangs who murder and kill people in the western departments, Port-au-Prince, the Central Plateau, and Artibonite, in addition to political instability, and widespread poverty.

The mental health situation in Haiti is alarming

These factors, combined with the frequency of natural disasters, have led to an increase in post-traumatic stress, depression, and anxiety, particularly among young people. With Hurricane Melissa's passage through the Caribbean, southern and northern Haiti were hit, and hundreds of people forced to flee Port-au-Prince due to gang violence to seek refuge in other departments are now homeless.

Access to mental health care is limited, and the lack of resources and qualified professionals exacerbates the situation.

Who would have thought it? While since the 1970s, "psychiatry has not been considered a public health issue in Haiti, it is not a priority for the Haitian state," and "Haiti does not take care of its

mentally ill," suddenly, "everyone is doing mental health work" since January 12, 2010, following the earthquake that struck the country.

In fact, according to some, Haiti is overrun by a motley crew of "mental health specialists" who are neither doctors, nor psychiatrists, nor professional psychologists.

Rumors have spread in Haiti, as well as abroad, that there is a lot of money to be made in mental health in Haiti. If nothing is done, by 2030, Haiti will have at least 5 to 8 million people with mental health disorders.

Seventeen intervention modalities are offered: psychological, such as individual and group psychological support, psychotherapy, etc.; medical (medication); and social, such as advocacy, vocational skills training, and social support.

Factors contributing to the mental health crisis:

Political instability and armed gang violence: Gang violence and widespread insecurity generate constant fear and a sense of powerlessness, particularly in

Lascahobas where five young people and two families have completed suicide.

Socioeconomic crisis: Poverty, unemployment, and lack of access to basic necessities such as food and water exacerbate the mental health crisis and widespread stress in Haiti.

Natural disasters: Earthquakes, hurricanes, and epidemics like cholera, which has resurfaced in Haiti, leave lasting physical and psychological scars on the Haitian population.

Impact on youth: Young people are particularly vulnerable, as they are at risk of being forcibly recruited by gangs and of suffering long-term psychosocial developmental problems related to the difficulties they experienced during childhood.

Challenges related to treatment and care:

Weakened health system: The public health system is overburdened and heavily dependent on external aid. All hospitals are forced to close due to violence from armed gangs, and some hospitals are burglarized and looted by these gangs, leading to shortages of basic medical supplies, including antibiotics and painkillers.

Shortage of resources and personnel: There is a critical shortage of qualified mental health personnel, particularly in

rural areas, which limits access to care. All medical personnel are forced to leave Haiti and migrate to Chile, Mexico and Canada, as well as countries in Latin America, Europe, Asia, and Africa.

Cultural Stigma: Social stigma can be a significant obstacle to seeking help. However, some communities also express their suffering through cultural practices, such as Voodoo ceremonies if they are ill, which can be interpreted as "mental illness" by professionals unfamiliar with these beliefs.

Initiatives and Hope

Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF)

The Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF) strives to provide culturally appropriate mental health services with a small team of trained professionals, health promoters, and social workers. The team is not immune to the challenges faced around the country and armed gangs looted the private residence of Dr. Jean-Claude Dorsainvil. The buildings of Queensland University Haiti, which housed the office of the HAMCAF, were taken hostage and burglarized by these same gangs. We lost everything. We are operating at a reduced capacity. Patients who send us messages and call us for assistance have not been able to receive social support

because we have lost our resources. Despite these challenges we continue to strive to serve including:

Community Awareness: Campaigns have been conducted to reduce stigma and raise awareness about mental health issues, particularly around World Mental Health Day.

Monitoring and Adaptation: Monitoring social functioning and adapting services to local needs are essential to improving mental health care in Haiti, and unfortunately, we lack sufficient resources, both financial and material.

.....

HAMCAF - Rapid Disaster Response – Hurricane Melissa, Haiti

MAKE AN EMERGENCY DONATION FOR HAITI

Hurricane Melissa has left dozens dead and dozens missing, and we have more than five families missing in the far south of Haiti. We also have families who, because of armed gangs, left Port-au-Prince to live in the far south of Haiti and have had their homes completely destroyed.

They are calling us to come and help them, but we don't really have sufficient resources. We are only sending a small team of 3 people with the meager resources to provide assistance, hoping to go with a second team of 10 to 20 people to the far south and far north of Haiti.

HAMCAF - Rapid Disaster Response – Hurricane Melissa, Haiti

MAKE AN EMERGENCY DONATION FOR HAITI

MAKE AN EMERGENCY DONATION FOR HAITI, contact us at the email and WhatsApp number:

email: mentalhealthughaiti@gmail.com or WhatsApp number: 509-3774-6275

Contact

Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF)

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Community Service and National Scientific Meeting of the Indonesian Association for Child and Adolescent Mental Health (Perkeswari)

By: Suzy Yusna Dewi^{1,2,3}, IGA Indah Ardani^{3,4}, Lina Budiyan^{3,5}, Fransiska Kaligis^{3,6}

- ¹Soeharto Heerdjan Hospital, Jakarta, Indonesia.
- ²Universitas Pembangunan Nasional Veteran Faculty of Medicine, Jakarta, Indonesia.
- ³Perkeswari Indonesia (Indonesian Association for Child and Adolescent Mental Health and Allied Professions)
- ⁴Department of Psychiatry, Faculty of Medicine Udayana University, Ngurah Hospital, Udayana Hospital, Bali, Indonesia.
- ⁵West Java Provincial Mental Hospital, Bandung, West Java, Indonesia.
- ⁶Department of Psychiatry Faculty of Medicine Universitas Indonesia, Cipto Mangunkusumo Hospital, Jakarta, Indonesia.

The Indonesian Association for Child and Adolescent Mental Health and Allied Professions (Perkeswari), in collaboration with the Child and Adolescent Section of the Indonesian Psychiatric Association (PDSKJI), carried out a community service at National Junior High School 4, Nusa Penida Island, on Saturday, December 7, 2024. The activity targeted students in grades 7, 8, and 9 as a promotive and preventive effort to maintain adolescent mental health, particularly in relation to bullying issues in the school environment.

Consisting of 30 child and adolescent psychiatrists and 10 residents from the psychiatry residency program of the Faculty of Medicine, Udayana University, the team was distributed across eight selected classrooms to provide interactive educational sessions on bullying. The materials presented

included an introduction to bullying, signs and types of bullying, psychological impacts, reporting mechanisms within the school environment, and prevention strategies that can be implemented by students, teachers, and the school management. To maintain students' enthusiasm, the educational sessions were combined with ice-breaking games that encouraged active participation and created an enjoyable learning atmosphere.



Figure 1: Participants from perkeswari committee and Faculty of Medicine, Udayana University and PDSKJI Bali joined the community service to Nusa Lembongan, Bali.



Figure 2: Education to junior high school students regarding mental health and bullying prevention.

This community service represented the commitment of the Child and Adolescent Psychiatry Division of Faculty of Medicine, Udayana University and PDSKJI to strengthening promotive and preventive mental health services for adolescents.

The school warmly welcomed the activity and expressed hope that similar programs could be carried out sustainably. Collaboration between the education sector and healthcare professionals within health professional organizations would be beneficial in helping to create a school environment that is safe, psychologically healthy and conducive to students' growth and development.

Besides organizing community services in various areas in Indonesia, Perkeswari also holds an annual scientific forum for knowledge exchange and interprofessional collaboration in the field of child and adolescent mental health, namely the National Scientific Meeting of Perkeswari (PIN Perkeswari). In 2025, PIN Perkeswari raised the theme

"Navigating Children and Adolescents with Neurodiversity and Giftedness in This Rapidly Changing World" to address the challenges and support strategies for children and adolescents with neurodiversity and giftedness amid rapid social, technological, and educational changes.

Topics discussed included concepts and approaches to neurodiversity in children and adolescents; identification and assessment of gifted children and adolescents; psychological comorbidities in neurodivergent populations; strength-based and individualized intervention approaches; the roles of families, schools, and communities in supporting child development; as well as challenges in delivering child and adolescent mental health services in the era of digitalization and globalization.



Figure 3: Perkeswari committee at the National Scientific Meeting of Perkeswari (PIN Perkeswari) 2025.

The meeting was conducted over two days (October 17-18, 2025) and consisted of plenary symposium sessions, symposia and workshops. The plenary symposium featured keynote



Figure 4



Figure 5

Figure 4- 5: Psychiatrist, pediatricians, psychologists, other specialist doctors, and general medical doctors, as well as teachers, therapists, and lay persons participated in the scientific meeting.

speakers addressing strategic and current issues related to neurodiversity and giftedness. One of the keynote speakers was Prof. Jan Buitelaar, a Professor of Psychiatry and Child and Adolescent Psychiatry in Radboud University Medical Centre.

The symposia consisted of thematic sessions focusing on the clinical, educational, and social aspects. The workshops were designed interactively to enhance participants’ practical skills in assessment and intervention.



Figure 6: Opening ceremony of the Perkeswari Scientific Meeting 2025



Figure 7: Dr. Suzy Yusnadewi and Dr. Dwidjo Saputro on behalf of Perkeswari delivered a sign of appreciation to the keynote speaker, Prof Jan Buitelaar

Participants came from various backgrounds, including psychiatrists, child and adolescent psychiatrists, psychologists, paediatricians, other professionals related to child’s mental health, teachers, therapists, and the general public with an interest in child and adolescent mental health issues. This diversity of participants supported comprehensive and collaborative discussions.

Within the topic of neurodiversity and giftedness, the 2025 PIN Perkeswari aimed to facilitate discussions regarding clinical and psychosocial challenges in supporting children and adolescents with neurodiversity and giftedness; raise the importance of adopting inclusive, adaptive, and strength-based

perspectives in child and adolescent mental health services; strengthen interdisciplinary professional networks; and raise public awareness of child and adolescent mental health issues.

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The 4th International Conference of the Egyptian Child & Adolescent Psychiatry Association in Collaboration with the 5th Mansoura Child & Adolescent Congress of Psychiatry

By: Suaad Moussa, Emeritus. Prof. of Psychiatry, President of the Egyptian Child & Adolescent Psychiatry Association (ECAPA)

The Egyptian Child and Adolescent Psychiatry Association (ECAPA) organized its fourth conference entitled **"Transforming Child & Adolescent Psychiatry"** between December 18-19, 2025, in Ras El Bar, Damietta, Egypt, the first to be held outside Cairo. The event was attended by 265 participants and brought together specialists in child and adolescent psychiatry, general psychiatry, psychologists and social workers not only from Egypt but also from Oman, Libya, the Gambia and members from the British Arab Psychiatry Association (BAPA).

The congress aimed to update participants' evidence-based knowledge in child and adolescent mental health, while fostering collaboration among national and regional professionals to support continuous professional development. Although ECAPA is primarily an organization for child and adolescent psychiatrists, its conferences consistently attract a wide multidisciplinary audience, particularly psychologists and other allied mental health professionals, reflecting the collaborative and multi-disciplinary nature of contemporary child mental health care.

A central focus of the congress was the enhancement of clinical expertise through high-quality workshops and master classes led by eminent professionals. Equally important was providing a forum for open discussion and brainstorming around the challenges facing child and adolescent mental health services both regionally and internationally, with particular attention to the evolving role of technology and the threats and opportunities it presents for the field.

The scientific program opened with an exciting first-day morning session. Two focused lectures addressed attention-deficit/hyperactivity disorder (ADHD), exploring both its less-discussed dimensions and practical clinical complexities. "ADHD and Social Cognition: The Untold Story" highlighted emerging evidence on social processing in affected children, while "ADHD: Managing the Scattered Puzzles" offered a comprehensive, clinically grounded approach to assessment and management. These were followed by two symposia addressing pressing and diverse topics: the psychosocial consequences of sexual abuse among children referred to tertiary care facilities

in Oman, and innovative approaches that move beyond conventional therapies for children. A master class on the child psychiatric forensic interview provided in-depth, practice-oriented training that was particularly valued by clinicians working at the interface of mental health and legal systems.

The opening ceremony was attended by distinguished guests, including the Dean and the General Hospital Director of

Mansoura University, the Chair of the Psychiatric Department at Mansoura University, the President of the Egyptian Psychiatric Association, Secretary General of the Arab Psychiatrists Federation, and the Minister of Health of The Gambia. The ceremony underscored the regional and international significance of the meeting and the growing recognition of child and adolescent mental health as a public health priority. The opening plenary



Figure 1: The Opening Ceremony from right to left Prof Hesham Ramy Treasurer of Egyptian Psychiatric Association EPA, Prof Suaad Moussa President of ECAPA, Prof Salwa Tobar Chair of Psychiatric Department Mansoura University, Prof Elshaarawy Kamal General Director of Mansoura Univeristy Hospitals, Prof Ashraf Shuma Dean of Faculty of Medicine Mansoura University, Prof Momtaz Abdel Wahab President of EPA, HE Ahmadou Lamin Samateh Minister of Health of the Gambia, Prof Mahmoud Elwasify General Secretary of ECAPA Conference and Prof Mostafa Shaheen Secretary General of the Arab Psychiatrists Federation .



Figure 2: Attendances participated at the Opening Ceremony.

lecture, “Child Psychiatry: Paradigm Shift and Beyond,” set an ambitious tone for the congress by examining evolving conceptual frameworks and future directions in the field.

The afternoon session of the first day continued with a focused lecture on obsessive-compulsive disorder (OCD) in children, followed by a symposium on biomarkers in neurodevelopmental disorders, reflecting the increasing integration of neuroscience and biological research into clinical practice. Oral presentations covered a wide range of clinically relevant topics, including the varied presentations of conduct disorder, the concept of “food noise” and its manifestations in anorexia nervosa and obesity, and the challenges of accurate diagnosis and individualized treatment planning.

The second day featured two oral presentations that further broadened the scope of the congress. Topics spanned dissociative seizures and their management from childhood into adulthood, the role of oxidative stress in

autism spectrum disorder, and the use of salivary cortisol as a biological marker in disruptive and aggressive behavior among adolescents. Other presentations emphasized therapeutic and psychosocial dimensions of care, including narrative practices for calming children with anxiety disorders, principles of integrating child psychiatry into pediatric practice, supporting children with psychiatric conditions in the context of grief, and the art and science of prescribing psychotropic medications for children and adolescents.

Overall, the ECAPA Conference successfully fulfilled its objectives by combining cutting-edge scientific content, practical clinical training, and meaningful opportunities for professional networking. The breadth of topics and the diversity of perspectives reinforced the importance of multidisciplinary collaboration and ongoing innovation in advancing child and adolescent mental health care in the region and internationally. Several multi-center research studies were discussed aiming to broaden research capacity in

Figure 3:
Participants in
the ECAPA
2025
Conference,
from different
disciplines
and several
countries .



Figure 4 - 6: Presentations at the 4th ECAPA Conference 2025

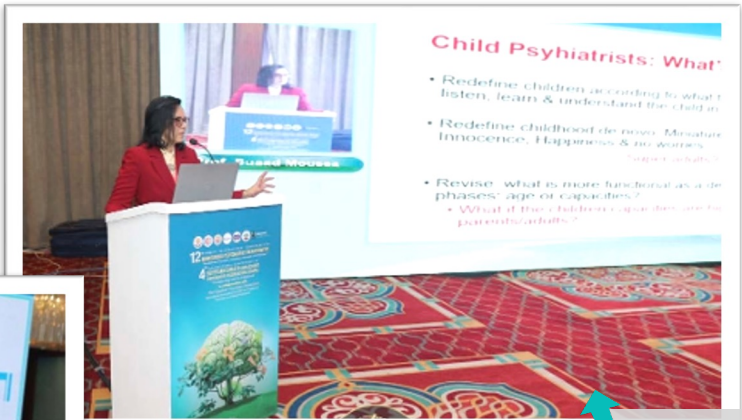


Figure 4

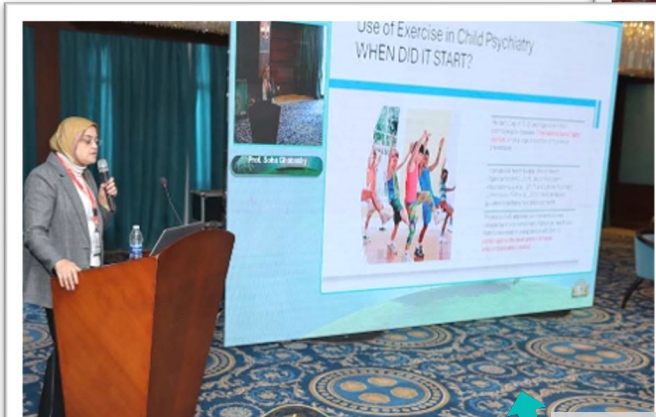


Figure 5



Figure 6

Egypt. The Conference concluded with several recommendations highlighting the importance of the subspecialty of liaison child psychiatry and the need for further training in the field of forensic interviewing of the child in our region. Several multicentre research projects were discussed.

Presentations from 4th ECAPA Conference 2025

Presentations covered a variety of topics considering the future of the field, beyond conventional therapies for children, psychosocial consequences of sexually abused children, the many faces of conduct disorder, salivary cortisol as a

biological marker in disruptive aggressive behavior in adolescents, narrative practice in calming children with anxiety disorders, facing grief in children with psychiatric conditions and principles of applying child psychiatry in pediatrics practice.

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World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2026

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

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

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

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

Background

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

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

Purpose

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

Objective

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

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

World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2026

Theme: Developing Emotional Safety and Preventing Suicide in a Post-Pandemic World

This theme emphasizes the critical importance of establishing an emotionally secure environment within communities where infants, children, and adolescents feel supported, heard, and protected. By enhancing early intervention strategies, we can transition from post-pandemic recovery and promote resilience and the safeguarding of young lives.

How to Support WICAMHD 2026

Theme for WICAMH2026:
Developing Emotional Safety and Preventing Suicide in a Post-Pandemic World

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

#WICAMHD
#WICAMHD2026
#childmentalhealth
#adolescentmentalhealth
#infantmentalhealth
#emotionalsafety
#suicideprevention

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

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

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

For more information, please visit <https://www.iacapap.org/events/world-infant-child-and-adolescent-mental-health-day/wicamhd-2026.html>



Creating Adolescent Friendly Psychiatric Spaces in a Public Hospital in Cape Town: Possibilities in LMIC Settings

By: Anusha Lachman, Child & Adolescent Psychiatrist, Tygerberg Hospital, Stellenbosch University, Cape Town, South Africa.

Admission to a mental health facility anywhere in the world can be a traumatic experience for adolescents, appreciating that for most younger adolescents this may be the first separation from home and the safety of their caregivers. In low resourced setting, this experience may be exacerbated by settings that are often not child/youth friendly, or may require admissions into emergency units in medically high risk spaces. In South Africa, facilities in public hospitals that cater for children and adolescents with mental illness are rare, with some areas of the country having no safe or designated facilities at all or requiring an admission into shared adult facilities. This can be both unpredictable and scary for both the adolescent and their caregivers.

In the Western Cape Province of South Africa, access to mental health services remains largely inadequate, with approximately 95% of adolescents in rural areas and 65% of adolescents in urban areas unable to access these services. The Adolescent Psychiatry Unit at Tygerberg Hospital is Western Cape's only tertiary assessment unit for adolescents (13-17 years old) with complex neuropsychiatric and severe mental illnesses in the context of comorbid medical conditions, infectious

diseases (HIV/TB) and with significant levels of psychosocial adversity including exposure to violence, poverty and substance use disorders.

Despite the existence of the unit, barriers to accessing care include stigma, discrimination against children with mental illness, and limited community awareness of the potential for early intervention. In settings where adolescents have limited psychosocial support outside of medical settings, and often return to adverse circumstances, it is imperative that the experience of receiving mental health care prioritizes empathy, safety and support.

While the unit plays a critical role in the provincial health system, it did require significant upgrades and renovations to ensure an adolescent-friendly environment that would support admissions. The challenge always is that of funding, opportunities that are limited by entrenched systems, and prioritizing other medical facility infrastructural needs especially in a poorly resourced public sector setting.

A shared vision between the child psychiatry team and the Tygerberg Hospital Children's Trust was to reimagine the existing space in a way that



Figure 1

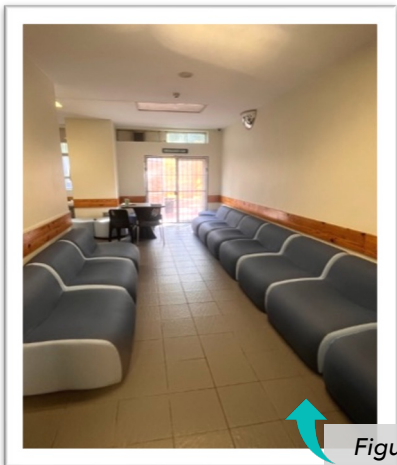


Figure 2



Figure 3

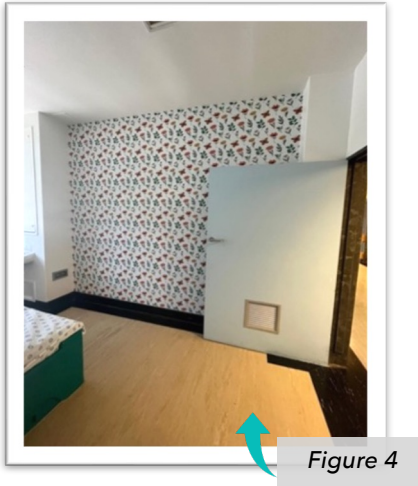


Figure 4

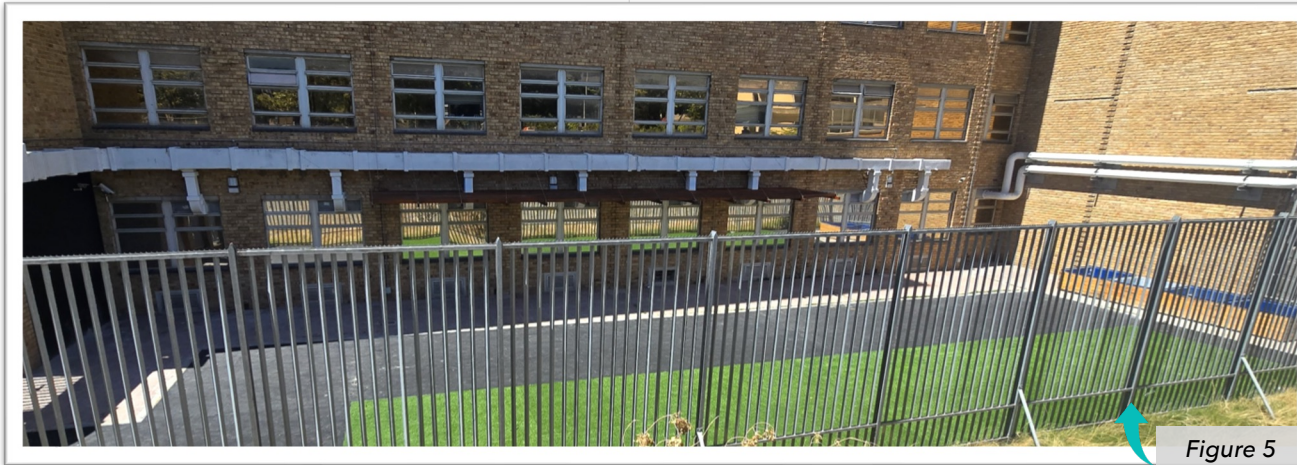


Figure 5

Figure 1 - 5: Examples from the indoor and outdoor physical environment

would encourage healing through environmental changes alongside psychiatric interventions. Simple ideas like creating green spaces and a garden in limited outdoor courtyards, use of subtle colors/paintings over walls and furnishings, as well as utilizing ward space to provide a quiet calming space with softer furnishings where admitted patients could read, socialise and interact was crucial.

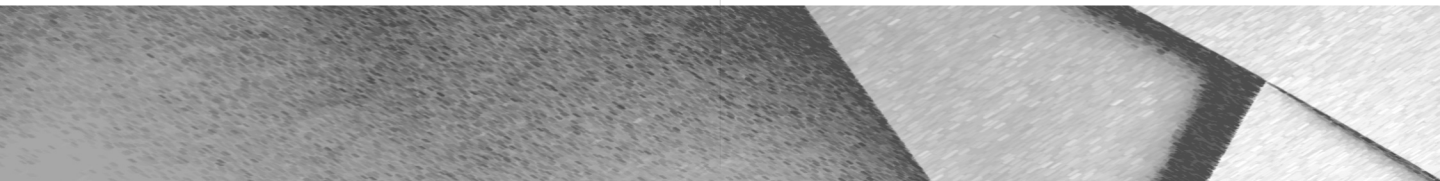
Allowing the ward to operate in a way that supported holistic healing required us to remind ourselves that recovery is complex and multifaceted, and that while we continue to advocate for safer environments and homes for children to return to – we also needed to facilitate an admission experience that was empathic, kind and environmentally supportive. We heal from an environment that recognizes we are more than just physical bodies with an illness. Our minds and emotional needs also require support and even in the most restrictive of settings, there may lie opportunities to transform our ideas of the places in which mental health care is traditionally delivered.

With no major structural changes, and largely aesthetic improvements that are still ongoing, this project highlights what is possible in a limited resource public sector setting – with just a little bit of inspiration and creative thinking.

Acknowledgments

A Stavros Niarchos Foundation (SNF) grant made as part of their Global Health Initiative (GHI) aimed to help upgrade the Adolescent Psychiatry Unit by transforming its secure outdoor space into a garden and recreation area, supplying new furnishings, improving the aesthetics of the facilities, and adding equipment for activities like sports, crafts, crafts, and education. This was supported by the Tygerberg Children’s Hospital Trust in Cape Town South Africa.

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Pakistan's First International Child & Adolescent Psychiatry Conference (Child PsyCon 2025)

By: Prof Nazish Imran, Dr Maryam Ayub, Dr Sania Mumtaz Tahir, Prof Muhammad Waqar Azeem, Prof Ali Madeeh Hashmi & Prof Afzal Javed.

Pakistan hosted its First International Child and Adolescent Psychiatry Conference "Child Psycon" on 28th-29th November 2025 at King Edward Medical University (KEMU), Lahore under the theme "Healthy Minds; Bright Futures". The conference marked a major national milestone, reflecting the growing recognition of children's mental health as a public health priority.

The conference was jointly organized by the Child & Family Psychiatry Department of King Edward Medical University and the Pakistan Psychiatric Research Centre / Fountain House, Lahore. The event was co-sponsored by the World Psychiatric Association (WPA) and its Section on Psychiatry in Developing Countries. Additionally, it was also supported by Asian Federation of Psychiatric Associations (AFPA), the SAARC Psychiatric Federation, Pakistan Psychiatric Society and other national associations.

Prior to the conference, an extensive series of pre-conference workshops were conducted across the country in the preceding two months. These workshops were held in Lahore, Karachi, Faisalabad, Rawalpindi, Jamshoro, Islamabad, Hyderabad, Quetta and Online, covering key areas including suicide prevention



Figure 1: Conference Organising Committee

and adolescent emotional well-being, psychological first aid, neuro-developmental assessment, digital addiction, juvenile justice system and substance-use prevention in youth.

The conference also conducted a pre-conference short reel competition, "**Aangan**", to engage youth in child and adolescent mental health, which was met by an enthusiastic response from students all over Pakistan, receiving submissions on various aspects of child mental health by students as young as 14 years of age.

Child Psycon 2025 featured distinguished global speakers, including Prof. Sheehan S. Williams - President, SAARC Psychiatric

Federation, Prof. Muhammad Waqar Azeem (Sidra Medicine & Weill Cornell Medical College, Qatar), Dr Zheala Qayyum (Boston Children's Hospital, Harvard Medical School, USA), Dr. Ahsan Nazeer (Sidra Medicine & Weill Cornell Medical College, Qatar), Dr. Sadia Mohammed (Scotland), Dr Finza Latif and Dr Durre Shahwar (Qatar), Prof S M Shah (UAE) and Dr Shahid Ahmed (UK). These speakers joined senior Pakistani experts including Prof. Afzal Javed (Immediate Past-President WPA), Prof Wajid Ali Akhunzada (President Pakistan Psychiatric Society), Prof. Nazish Imran, Prof Ali Madeeh Hashmi and many others in delivering high-impact sessions.



Figure 2: Paint your feeling wall at PsyCon

The main conference sessions commenced on Friday, 28 November 2025, at King Edward Medical University, one of the oldest medical institutions in South Asia with a rich history of over 160 years of medical education. The day opened with a high-level panel discussion entitled *"From Womb to Adolescence: A Multidisciplinary View on Perinatal and Child Mental Health"*

featuring child psychiatrists, psychologists, pediatricians and gynecologists emphasizing early intervention and cross-specialty collaboration. The conference was formally inaugurated under the patronage of the Vice Chancellor, King Edward Medical University, Prof. Mahmood Ayyaz, with Prof. Dr. Khalid Masood Gondal – Vice Chancellor, Fatima Jinnah Medical University, Lahore, and President, College of Physicians and Surgeons Pakistan – as the Chief Guest. The inaugural ceremony was hosted by Prof. Nazish Imran and Prof. Ali Madeeh Hashmi, and was graced by the presence of Guest of Honor Dr. Amjad Saqib, a renowned philanthropist, along with senior psychiatrists from across Pakistan namely Prof Wajid Ali Akhunzada (President Pakistan Psychiatric Society), Prof Dr. Mowadat Rana, Prof Dr Asad Tameezuddin, Prof Ayesha Rashid, Prof Moin Ansari and many more. Prof. Khalida Tareen, Prof Muhammad Waqar Azeem and Prof Afzal Javed were honored by **Lifetime Achievement Awards** for their decades long hard work for child psychiatry in Pakistan.

This was followed by the first scientific session featuring keynote lectures from international speakers. Prof Afzal Javed, former President WPA, addressed child and adolescent mental health policy, Prof Muhammad Waqar Azeem highlighted the development of child psychiatry training pathways in Pakistan while Dr Zheala Qayyum beautifully linked the relationship of fairy tales and mental health. The afternoon featured a panel on *"Shaping the Future of Child*

Psychiatry in Pakistan: Teaching, Training & Service Development". It featured senior psychiatrists, national child psychiatry supervisors, international program directors and fellows currently pursuing fellowship. They discussed workforce development in the nascent field of child psychiatry in Pakistan, service gaps and future policy directions. First day of Research Poster Competition was also conducted simultaneously which featured original undergraduate and postgraduate research in suicide prevention, autism, artificial intelligence (AI), parenting, trauma, and adolescent well-being. The day concluded with another scientific session focusing on psychiatric emergencies, autism services, and regional service development, followed by a gala dinner hosted by Fountain House Lahore.

The second day, 29th November, had parallel sessions on university premises.

This allowed broader thematic coverage and free attendance by university students across Pakistan. The morning panel addressed the relationship between climate change and child mental health, trauma, substance use and the aftermath of disasters. An innovative and interactive session about executive dysfunction was conducted by child and adolescent psychiatry fellows and psychologists from Aga Khan University, Karachi.

Morning keynote lectures from international speakers explored antipsychotic prescribing practices in CAMHS (Dr Durre Shahwar), ADHD in girls (Dr Sadia Mohammed), and evolving concepts in autism (Dr Ahsan Nazeer), reflecting evidence-based updates and gender-sensitive perspectives. Lectures were later followed by presentations on Dr Finza Latif’s experiences of working with



Figure 3:
Lifetime
Achievement
award to
Prof
Emeritus
Khalida
Tareen



*Figure 4:
Lifetime
Achievement
Award for Prof
Dr Muhammad
Waqar Azeem
for his
contributions
towards Child &
Adolescent
Psychiatry in
Pakistan*

children from Gaza, Prof Afridi highlighted crisis of child brides in Pakistan, Dr Jovindah focused on mental health issues in Pakistani adolescents and Prof Mahboob Shah's research focusing on adolescent suicide.

Late-morning sessions were dedicated to free paper presentations, highlighting research on child abuse, autism, ADHD, adolescent depression, suicide epidemiology, and culturally adapted interventions. Concurrent e-poster sessions further amplified trainee and early-career researcher contributions. The afternoon featured impactful panel discussions on neurodevelopmental disorders across the lifespan, with neurodiverse individuals discussing their lived experience alongside mental health professionals, emotionally safe

schools, with students, psychiatrists, teachers and counselors as part of the panel. An innovative session was also conducted on the newly published first national children and adolescent suicide prevention guidelines.

The last panel discussion was aptly on current issues related to AI and technology use in child mental health and featured adolescents, as well as mental health and IT professionals. This was followed by a concluding ceremony whereby awards were distributed among winners of poster and short film competitions. Short films were displayed and received resounding applause. At the end, the host department acknowledged the efforts of collaborators and partners through distribution of mementos.



Figure 5: Participants at the concluding session.

The First International Child Psycon 2025 successfully met its objectives of advancing culturally relevant knowledge and fostering collaboration through academic institutions while keeping corporate involvement at a minimal level. The organizers hope that this conference and those that follow will ultimately strengthen child and adolescent mental health services in Pakistan. This conference laid a solid platform for a future with innovative and cutting-edge academic programs and significant trainees’ involvement. Thus, first international Child Psycon ultimately reaffirmed a shared commitment of the child and adolescent psychiatrist community of Pakistan and abroad to nurture healthy minds and strive towards bright future of children and adolescents nationwide.

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



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IACAPAP
International Association for Child and
Adolescent Psychiatry and Allied Professions

From Seed to Mighty Tree: Leadership, Access, and the Global Vision of Professor Olayinka Omigbodun

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

When Professor Olayinka Omigbodun, past president of IACAPAP (2010–2014) reflects on her journey in child and adolescent psychiatry, she returns to a simple image: a seed, carefully nurtured, growing into a tree that produces many more seeds.

Her story is deeply personal and unmistakably global.

Roots: Security, Belonging, and Early Influences

Raised in Nigeria after the early loss of her father, she credits her mother’s

determination to keep her children close despite financial hardship – as foundational to her understanding of mental health. In a context where extended fostering was common, her mother chose relational stability over material convenience.

To watch the full interview, visit: <https://youtu.be/7XrDUO73LSE>

That early experience shaped her conviction that children require not only services, but security and belonging.

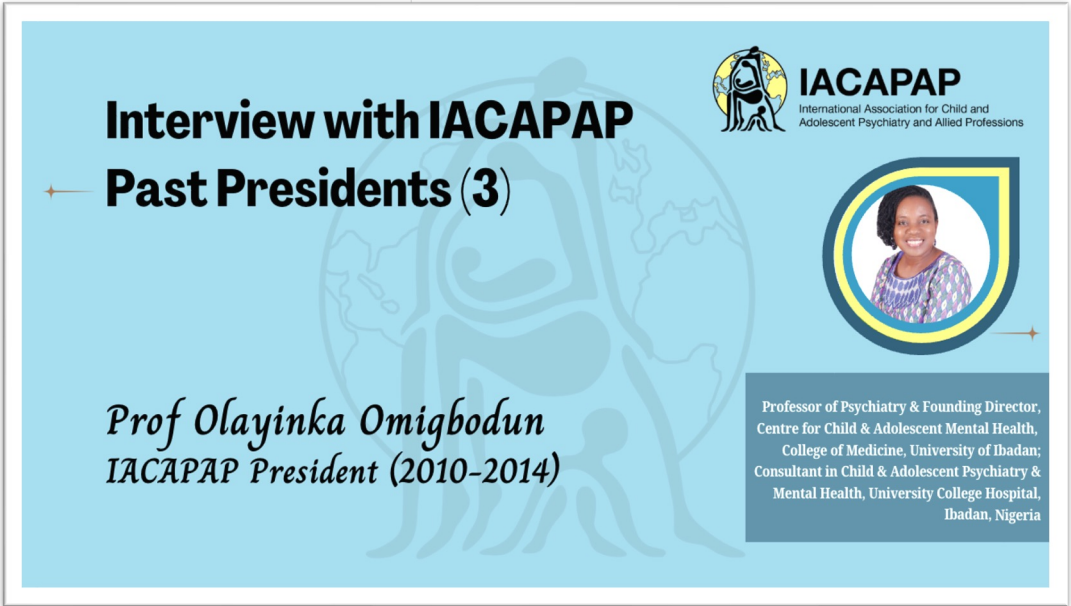


Figure 1:
Cover –
Interview with
IACAPAP Past
Presidents (3)

Initially drawn to paediatrics, she quickly realised her temperament aligned more closely with psychiatry's holistic lens. Guided by mentors, she entered child and adolescent psychiatry, working across schools, juvenile justice settings, and community institutions. Over time, her impact multiplied through mentorship. Today, many leaders across Africa trace part of their training lineage to her work.

The IACAPAP Turning Point

Her association with the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) began with the 2004 Berlin Congress, where she attended as a Donald J. Cohen Fellow. Nearly unable to obtain a visa, she arrived uncertain of her place among senior global colleagues. Her poster – drawn from a large epidemiological study of Nigerian adolescents, won second prize. That moment reshaped her confidence and trajectory.

Under the leadership of Myron Belfer, she was invited to serve as a Presidential Fellow and later joined the Executive Committee. Her involvement deepened across subsequent congresses and study groups, strengthening African participation and collaboration. These efforts contributed to the growth of regional networks and the emergence of the African Association for Child and

Adolescent Psychiatry and Allied Professions. In 2010, she assumed the IACAPAP presidency (2010-2014), bringing a deliberate focus on low- and middle-income countries.

Strategic Leadership and Global Reach

During her presidency of IACAPAP from 2010 to 2014, she focused on inclusion, mentorship, and global engagement. At home, the Center for Child and Adolescent Mental Health, seeded with support from the MacArthur Foundation, trained multidisciplinary professionals from more than a dozen African countries, many of whom now lead services and academic programmes across the continent. For her, leadership is measured not in titles, but in generativity:

"I have people, mentees, that have risen up, many of them are actually even better than me in many different areas... doing great and awesome things. And, basically. I think that's the... that's success. I always say."

Message for the Future

Her message was clear and constructive: global congresses must proactively engage with foreign ministries and diplomatic channels to facilitate participation from countries that carry a substantial proportion of the world's youth mental health burden. She

emphasized that if we truly believe no one should be left behind, access must be intentionally created and protected. In her view, this is a responsibility that international and multilateral bodies must actively uphold.

A Living Legacy

As the conversation closed, she returned to her metaphor.

“Well, final thoughts is that a little seed... nurtured... and become a mighty tree.”

And later in the same reflection:

“I see myself as that seed. Seed, planted, it was nurtured... And that seed that was planted... has grown.”

She sees herself as one such seed, planted and supported within IACAPAP during the leadership of Professor Belfer

and others. That seed has grown, and in turn produced many more. Her journey illustrates what international collaboration can achieve when mentorship, opportunity, and inclusion converge. For IACAPAP, her story is both affirmation and reminder: when global structures create space for emerging voices, those voices transform the field. And when seeds are nurtured, forests follow.

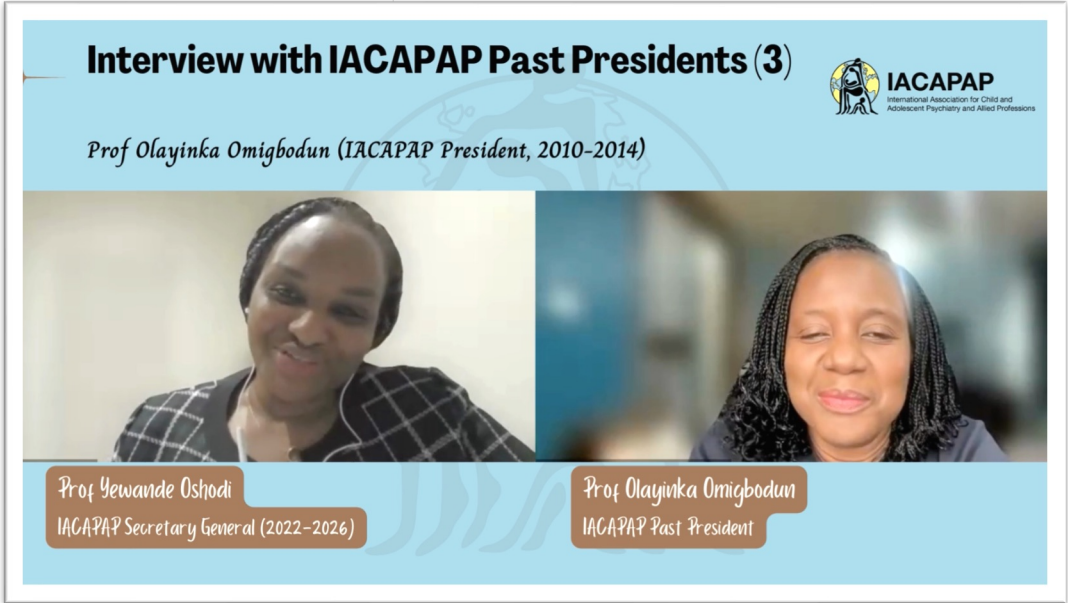
Watch the Full Interview

Professor Omigbodun’s reflections on leadership, mentorship, and global equity extend far beyond these highlights. To explore the complete conversation and her insights in full, view the interview here:

👉 Access the full interview here: <https://youtu.be/7XrDUO73LSE>



Figure 2: Prof Yewande Oshodi in conversation with Prof Olayinka Omigbodun



From Mathematics to Global Psychiatry: The Journey of Professor Bruno Falissard

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

Professor Bruno Falissard, past president of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) from 2016 to 2018, offers a fascinating perspective on child and adolescent psychiatry, weaving together clinical passion, public health, and global collaboration. His journey demonstrates how curiosity, adaptability, and vision can transform both a career and an international field.

To watch the full interview, visit: <https://youtu.be/fs-yu4ghiMc>

A Path Less Expected: From Numbers to Children

Professor Falissard did not begin his career intending to become a physician. He first trained in mathematics before questioning whether that path aligned with his deeper aspirations. At 25, he made the decision to leave mathematics and begin medical training, noting that he was “a little bit old” at the time.

His eventual encounter with child and adolescent psychiatry during residency proved transformative. He discovered a

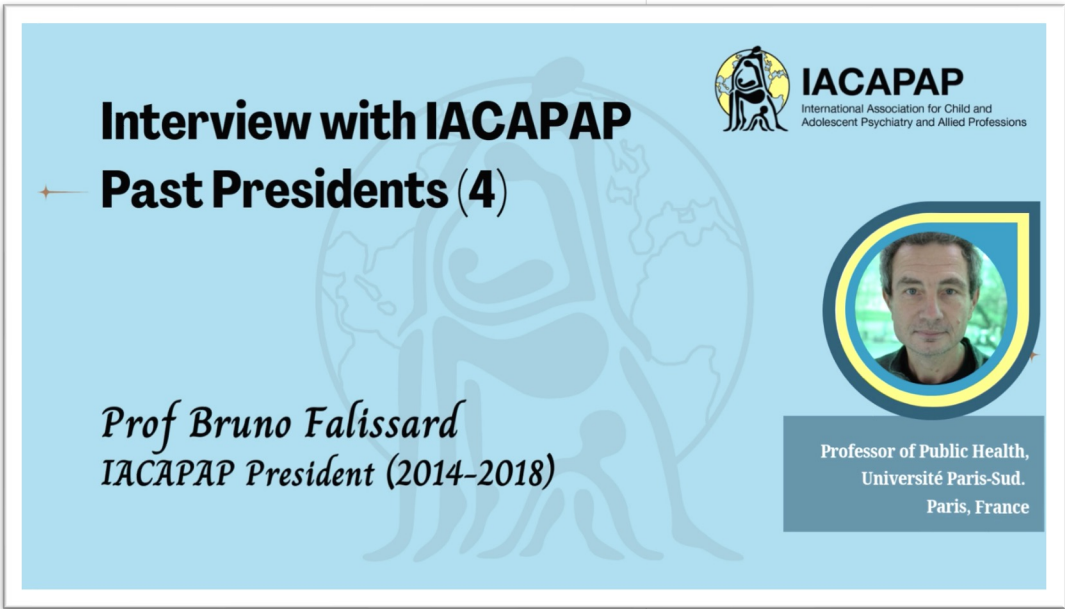


Figure 1: Cover - Interview with IACAPAP Past Presidents (4)

proved transformative. He discovered a deep interest in working with children. The relational and playful dimension of child psychiatry resonated deeply with him, shaping the clinical passion that continues to inform his work. This early turning point laid the foundation for a career that would blend clinical care with research and global engagement.

Integrating Public Health and Psychiatry

With training in mathematics and a PhD in biostatistics, Professor Falissard combined academic public health with clinical work in child and adolescent psychiatry. This dual role shaped his broader perspective on the field. As he explained, public health became important for IACAPAP because of *"global health"* and *"the different type of practice according to the continent..."* For him, child psychiatry could not be separated from epidemiology, systems of care, and global disparities. This intersection of clinical practice and population-level thinking gradually deepened his involvement in IACAPAP, ultimately leading to his presidency.

The Digital Turning Point

One of the defining shifts during his involvement with IACAPAP was the expansion of digital communication. He recalls the earlier challenges of coordinating an international association in an era when collaboration required

travel or lengthy telephone exchanges. The rise of the internet – and later platforms such as Zoom – significantly changed this landscape, making global meetings more feasible and enabling broader sharing of knowledge.

This transformation supported initiatives such as the IACAPAP e-textbook and the development of a massive open online course (MOOC) in child and adolescent psychiatry. The MOOC revealed the breadth of global engagement with child and adolescent psychiatry. Participation extended beyond psychiatrists to nurses, parents, and grandparents. For IACAPAP, making high-quality educational resources freely accessible represented what he described as *"a real breakthrough."*

Mental Health, Psychiatry, and Inequality

During his presidency, he reflected critically on the growing emphasis on *"mental health."* While welcoming wider recognition of psychological wellbeing, he cautioned that severe psychiatric conditions must not be overlooked. *"Some children do suffer a lot, and this is not only a question of mental health. This is a question of care, of psychiatry."*

Inequality, he stressed, remains a central global challenge. Care must be adapted to context – *"you have to adapt treatment and care to local resource."* Evidence developed in one setting cannot simply

be transferred to another without thoughtful implementation. Psychiatric care, in his view, is inseparable from family and social environments, requiring attention not only to individuals but to the systems surrounding them.

Leadership as Learning

Serving as IACAPAP president brought both symbolic responsibility and personal growth. Representing child and adolescent psychiatry globally required navigating cultural differences and diverse professional traditions. Through international dialogue, he encountered perspectives that broadened his understanding of care. In particular, conversations with colleagues from Asia highlighted dimensions – such as spirituality – that are sometimes less emphasized in Western frameworks.

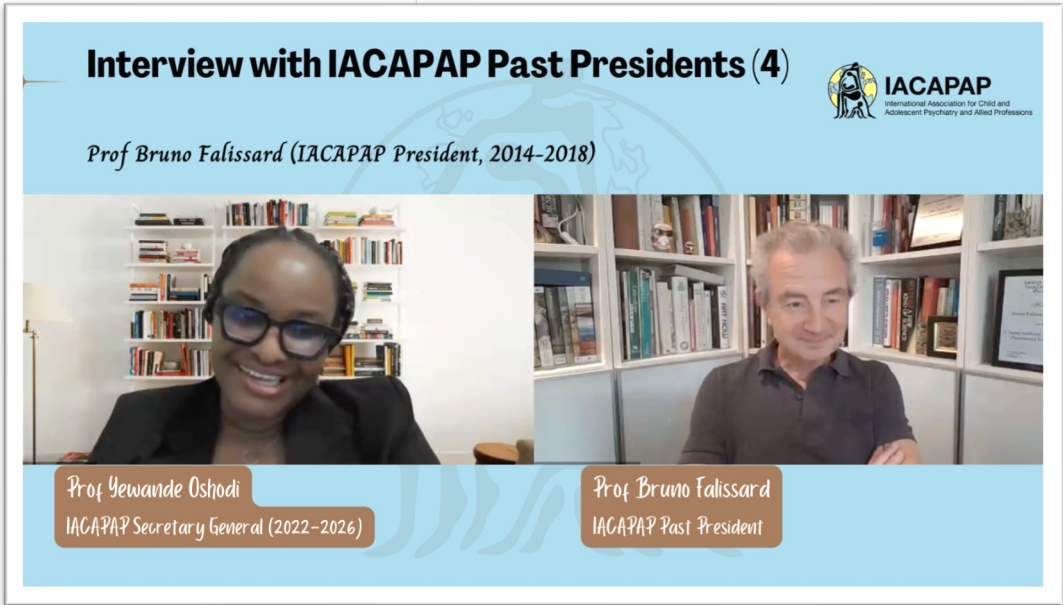
These exchanges reinforced the importance of humility and openness in global collaboration.

Watch the Full Interview

Professor Bruno Falissard’s reflections underscore the power of passion, adaptability, technology, advocacy, and global collaboration in shaping child and adolescent psychiatry. His journey offers both inspiration and guidance for the next generation of mental health professionals navigating an increasingly interconnected world. To explore the complete conversation and her insights in full, view the interview here:

👉 Access the full interview here: <https://youtu.be/fs-yu4ghiMc>

Figure 2: Prof Yewande Oshodi in conversation with Prof Bruno Falissard



Life with ADHD – Understanding Symptoms to Support Lifelong Growth

By: Anette Bakkane, Norway, MD, PhD in Geriatric Psychiatry · Writer, Educator, and Patient.

Turning Diagnosis into Dialogue

Attention-Deficit/Hyperactivity Disorder (ADHD) is more visible than ever – in the media, in clinics, and in the conversations people finally dare to have.

Yet for many, it still feels like a lonely storm to stand in.

I had been a medical doctor for ten years when I finally recognised the symptoms, asked for, and received my own diagnosis. What followed were several lifechanging moments that marked the beginning of a new story – both personal and professional.

The *Life with ADHD* series grew from a deep dive into academic literature combined with lived experience: four illustrated books exploring ADHD across the lifespan.

Across the Lifespan – and Beneath the Surface

The series includes:

Life with ADHD – Childhood

Explores early signs, their impact on the child and their surroundings, and everyday life in school, leisure activities, and family systems. The book is written for an adult audience – for those who long to understand the child they were, or the child they care for.

Life with ADHD – Adolescence

A story of identity, vulnerability, and resilience. This volume addresses topics often overlooked or misunderstood in ADHD literature: medication and medical follow-up, substance use, and sexuality.

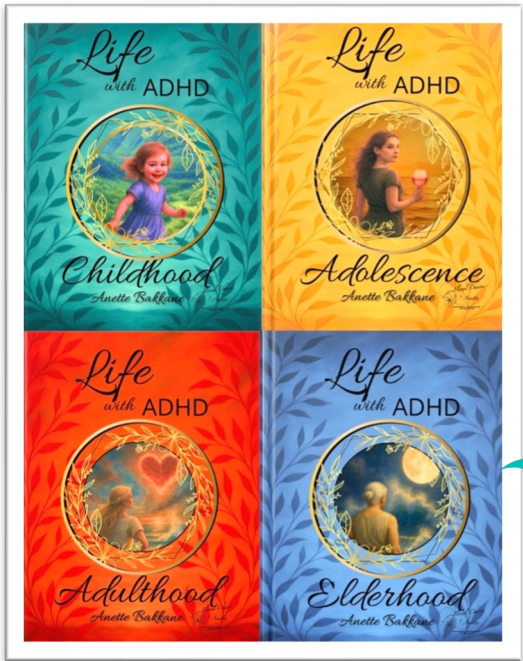


Figure 1: Life with ADHD – Series Covers. A visual overview of the four-part illustrated series following ADHD from childhood through adolescence, adulthood, and elderhood.

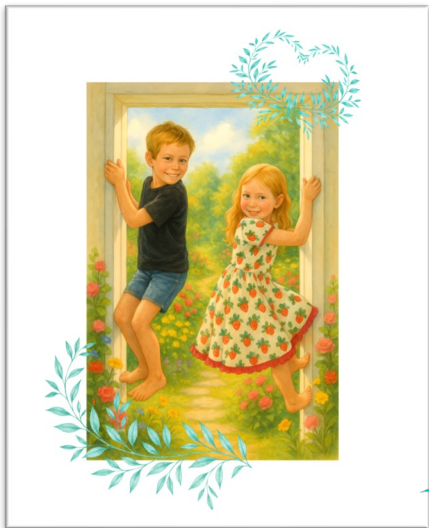


Figure 2: Relational Beginnings. Symbolising early play, connection, and the developing self - from *Life with ADHD - Childhood*.

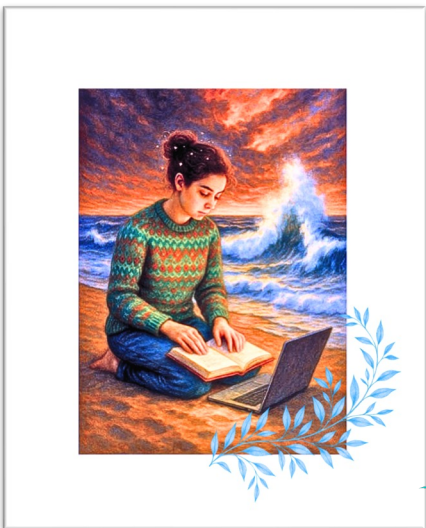


Figure 4: Identity in Formation. Reflection, self-expression, and meaning-making during adolescence - from *Life with ADHD - Adolescence*.

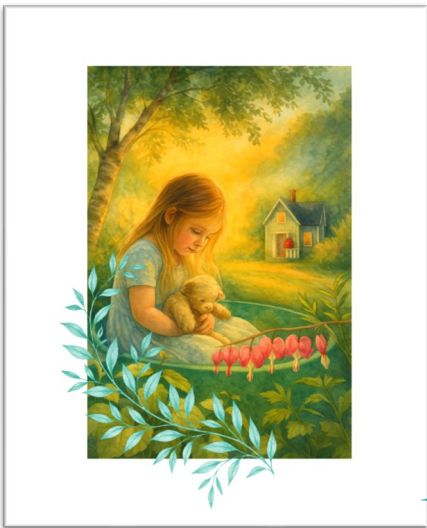


Figure 3: A representation of security, imagination, and the emotional landscape of early experience - from *Life with ADHD - Childhood*.



Figure 5: Inner Constellations. A metaphor for cognition, sensory perception, and creative thought - from *Life with ADHD - Adulthood*.

Life with ADHD - Adulthood

Focuses on work, relationships, parenthood, and burnout. It examines how ADHD and exhaustion intertwine, and how misdiagnosis can delay meaningful support.

Life with ADHD - Elderhood

Draws on clinical and academic knowledge of ageing and geriatric psychiatry. It addresses functional decline and suicide among older adults - areas rarely discussed but urgently relevant.

Together, the four books follow a human journey through change, loss, adaptation, and hope.

.....

Understanding as the Key to Coping - Without Burning Out

Across the entire series, one message remains constant: understanding is the key to improvement.

In some cases, what appears as comorbidity – anxiety, depression, or chronic fatigue – may reflect the long-term strain of living with unrecognised ADHD. When the core symptoms of ADHD are recognised instead of masked or misinterpreted, many secondary difficulties can lessen or even resolve. Early recognition and accurate understanding can prevent years of unnecessary suffering.

But knowledge alone is not enough. It must be shared, felt, and lived – transforming diagnosis into dialogue.

.....

The Hidden Emotion: ADHD Grief

More professionals are beginning to address what many experience but rarely name: *ADHD grief* – the mourning of years lost to adaptation. For many adults, receiving a diagnosis

brings not only clarity but also sorrow for what could have been different.

By naming this grief as a natural response, we create space for acceptance and self-compassion.

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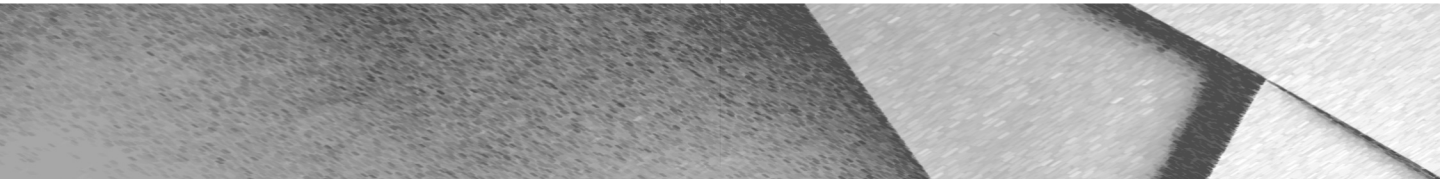
Writing for Connection

Each book combines professional insight with lived experience. ADHD diversity makes every person unique – and we cannot support what we do not understand. Research is the project’s core; simplification is the wrapping.

Written in clear, reflective language and accompanied by symbolic illustrations, the series portrays the emotional and sensory landscape of ADHD – the chaos and the beauty.

The illustrations, created in collaboration with Erik S. Landsem and Kåre Ivar (ChatGPT), visualise emotion and perception in ways that words alone cannot. The series aims to support dialogue in clinical, educational, and family contexts by portraying both the challenges and the strengths within ADHD.

The series is intended for individuals with ADHD, their families, professionals in education and mental health, and anyone interested in how attention



shapes human life. The books are concise and richly illustrated, meeting readers where they are – whether new to the field or deeply familiar. They are currently available in digital format, with print editions forthcoming.

A Message for Professionals

Child and adolescent mental health relies not only on treatment, but also on communication, inclusion, and respect.

Life with ADHD reflects an effort to bridge the gap between knowledge and empathy – encouraging professionals to look beyond symptoms and see the person beneath.

To receive help and reach their potential, patients must first be seen – and understood – as human.

Short Abstract

Anette Bakkane (Norway) is an MD with a PhD in geriatric psychiatry, author, and educator, with broad clinical and academic experience. *Life with ADHD* is a four-part illustrated series examining ADHD across childhood, adolescence, adulthood, and elderhood. Integrating research and lived experience, the series highlights the importance of recognising core symptoms and supporting dialogue across clinical, educational, and family contexts.

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

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



Tunisia Launches its First National Clinical Practice Guidelines for Autism Spectrum Disorders in Children and Adolescents

By: Hela Ben Abid^{1,2,7}, Randaline Ayoub^{1,2,7}, Abir Ben Hammouda^{1,3,6}, Ons Nouira^{1,4}, Fatma Charfi^{1,3,6} and Asma Bouden^{1,5,6}

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- ²Department of Child Psychiatry, Fattouma Bourguiba Hospital, Tunisia.
- ³Department of Child Psychiatry, Mongi Slim Hospital, Tunisia.
- ⁴Private Practice Child and Adolescent Psychiatrist, Tunisia.
- ⁵Department of Child Psychiatry, Razi Hospital, Manouba, Tunisia.
- ⁶Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia.
- ⁷Faculty of Medicine of Monastir, University of Monastir, Tunisia.

Introduction

Autism Spectrum Disorder (ASD) represents a major public health and developmental challenge worldwide, requiring early identification, coordinated multidisciplinary care, and sustained family support. In Tunisia, clinical practices related to ASD have long relied on heterogeneous approaches and limited access to standardized guidance.

In this context, the launch of the first Tunisian national clinical practice guideline for Autism Spectrum Disorder (ASD) in children and adolescents marks a significant milestone in mental health care. This guideline has been developed by the STPEA (Tunisian Society of Child and Adolescent Psychiatry) and accredited by the National Authority for Evaluation and Accreditation in Health (INEAS). It aims to harmonize clinical

practices, improve diagnostic accuracy, and enhance the quality of care for children and adolescents with ASD across the country.

Why National Guidelines Were Needed?

Prior to this initiative, Tunisia lacked an officially endorsed, nationally adapted clinical framework for ASD in children and adolescents. Clinicians often face challenges related to variability in diagnostic pathways, delayed identification, and unequal access to evidence-based interventions. Families, in turn, experienced fragmented care trajectories and significant regional disparities in services.

A national guideline provides a standardized, evidence-based framework that supports early identification, promotes coordinated multidisciplinary

care, and ensures consistency in educational, health, and social interventions. The need for a national guideline was therefore both clinical and strategic. It serves as a reference for professionals, families, and policymakers, facilitating equity of care, quality improvement, and alignment with international best practices.

Development of the Guideline

The guideline was developed through a structured, collaborative process led by the Tunisian Society of Child and Adolescent Psychiatry, in partnership with national health stakeholders. A multidisciplinary panel of experts, including the main multi-disciplinary professionals involved in ASD care: child psychiatrists, psychologists, speech and language therapists, occupational therapists, and pediatricians reviewed and adapted internationally recognized clinical guidelines, ensuring methodological rigor while contextualizing recommendations to the Tunisian healthcare system.

The final document reflects a consensus-based approach, integrating current scientific evidence with expert clinical judgment and national priorities.

Core Content and Structure:

The guideline outlines a comprehensive, pragmatic framework covering the main phases of ASD care including:

- Early identification and screening, with emphasis on developmental surveillance and timely referral.
- Diagnostic assessment, highlighting standardized clinical evaluation and multidisciplinary collaboration.
- Individualized intervention planning, promoting evidence-based psychosocial, educational, and therapeutic approaches.
- Family involvement and support, recognizing caregivers as central partners in care.
- Coordination across services, including health, education, and social sectors.

The Launch Event

The official launch of the guideline took place at Razi Hospital on 16/12/2025 during a national scientific event. This occasion brought together clinicians, researchers, policymakers, and representatives from civil society.

Key speakers emphasized the historical importance of this initiative and its potential impact on everyday clinical practice. They initially presented the context of the guideline’s development and detailed the allocation of responsibilities for its drafting. Subsequently, the methodology followed in the guideline was detailed.

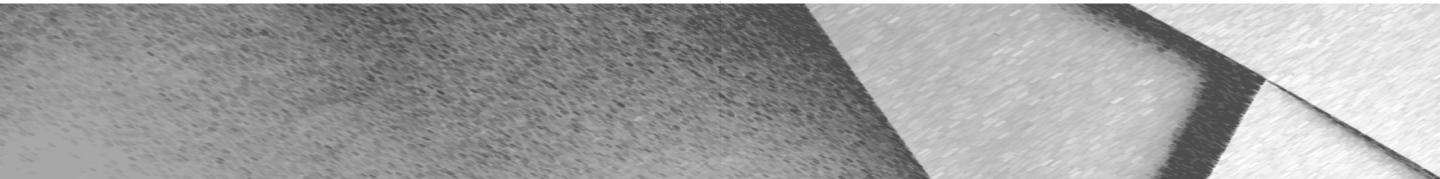




Figure 1: Guests attending the launch of the guideline at Razi Hospital.

The subsequent interventions presented by the group leaders provided detailed insights into the manuscript’s structure and content, and outlined the modalities for its dissemination. The presentations concluded with a testimonial from a parent of a child with ASD. The event also provided a platform for discussion around implementation challenges, training needs, and future updates, underscoring the guide’s role as a living document rather than a static publication.



Figure 2: Opening Statement

Significance for Clinical Practice and Policy

This first national ASD guidelines in children and adolescents represents a major step toward standardizing care pathways and reducing disparities in access to quality services. It is expected to support professional training, facilitate interdisciplinary collaboration, and strengthen advocacy efforts for children and adolescents with neurodevelopmental disorders.



Figure 3: Members of editorial committee

At a broader level, the guideline contributes to the development of national mental health policy by providing an evidence-informed foundation for service planning, evaluation, and resource allocation.

Looking Ahead

Future steps include wide dissemination of the guideline, integration into continuing professional development programs, and monitoring of its implementation in clinical settings. The Tunisian Society of Child and Adolescent Psychiatry also plans periodic updates each 5 years to ensure alignment with emerging evidence and evolving national needs.

Conclusion

The launch of Tunisia’s first national clinical practice guidelines for ASD in children and adolescents marks a landmark achievement in mental health care. It reflects a collective commitment to improving the well-being of children with ASD and their families, while contributing to global efforts toward equitable, evidence-based mental health care.

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



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The Canadian Academy of Child and Adolescent Psychiatry (CACAP) 2026 Annual Conference - Early Bird Registration is Now Open!

By: Laura James, CACAP Communications and Development Manager

The **45th Annual Conference of the Canadian Academy of Child and Adolescent Psychiatry (CACAP)** is more than a national meeting - it's a call to action.

Taking place on June **6-9, 2026**, in **St. John's, Newfoundland** and virtually, CACAP 2026 brings together a multidisciplinary community of over **250 psychiatrists, family physicians, pediatricians, psychologists, nurses, educators, researchers, policymakers, and mental health professionals** from across Canada.

This year's theme is, **It Takes a Village: Canadian Collaborations in Child and Youth Psychiatry Care and Research**, will spotlight the power of connection, shared expertise, and collective innovation in responding to the growing mental health challenges facing children and youth. Over three days, participants will engage in **keynote presentations, symposia, workshops, and networking sessions** led by leaders in the field, exploring innovative research, clinical practice, system-level collaboration, and culturally informed care.

As Canada faces an unprecedented youth mental health crisis, the need for

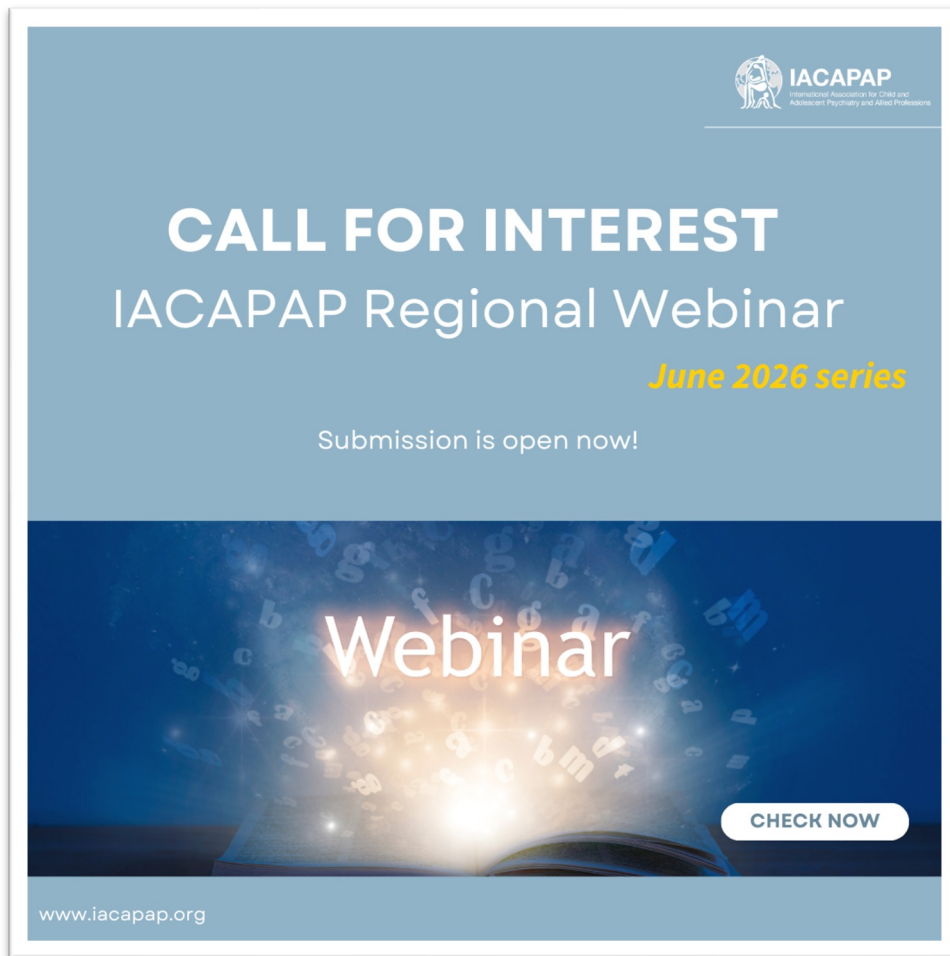


collaboration has never been greater. CACAP 2026 offers a vital platform where knowledge meets compassion and solutions are built together.

CACAP members receive 45% discount on conference registration - join today!

For more information on our exciting speaker lineup, agenda, and to register, visit <https://cacap-acpea.org/>.

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



Call for Interest: To co-host the next IACAPAP Regional Webinar in June 2026

The Call for Interest to co-host the IACAPAP Regional Webinar is now open! We invite IACAPAP member organisations that are interested in co-organising the next event in their region to express their interest by contacting us at info@iacapap.org by April 15th, 2026.

The upcoming Regional Webinar Date will take place in June 2026.

The IACAPAP Regional Webinar is a semi-annual event organised by IACAPAP in collaboration with a participating member organisation. This initiative is to accommodate and encourage more participation from IACAPAP members and non-members within the same region and acknowledge the public's interest and needs regarding CAMH topics.

For more information, please visit our [IACAPAP | Regional Webinar](#) page.

CAPMH Corner

By: Lakshmi Sravanti, India
Deputy Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the March 2026 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - Age of onset of self-harm in children and adolescents: a scoping review (Wiggin et al., 2025), Emotion regulation as a transdiagnostic link between ADHD and depression symptoms: evidence from a network analysis of youth in the ABCD study (Tharaud et al., 2025), and Off-label drug use in children and adolescents treated with antidepressants and antipsychotics: results from a prospective multicenter trial (Taurines et al., 2025).

[Click here to access the article](#)

Age of onset of self-harm in children and adolescents: a scoping review

Review | [Open access](#) | Published: 19 November 2025

Volume 19, article number 128, (2025) [Cite this article](#)

Wiggin et al., (2025) establish a need to review the age of onset of self-harm in children and adolescents and set out to do a scoping review to map the age of onset literature alongside the definitions, operationalisation, and research methods used to determine onset.

The team defines self-harm behaviours which is inclusive of suicide attempt and non-suicidal self-injury (NSSI) and the population of interest as young people aged ≤ 18 years, or people 19 years or older exclusively reporting on self-harm first experienced aged ≤ 18 years. They conduct electronic searches on Medline

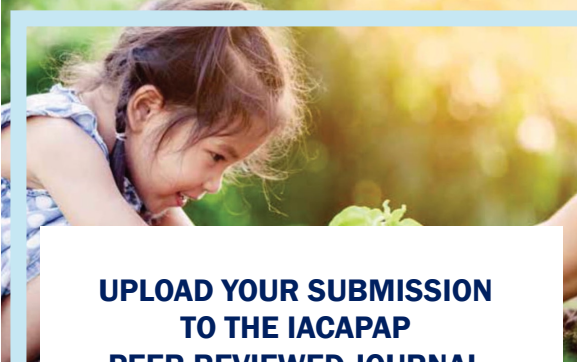
(EBSCO), PsycInfo (EBSCO), Embase (Elsevier), CINAHL Plus (EBSCO), and Web of Science (Clarivate) from inception to 26th June 2023. They also include grey literature sources including Google Scholar, BASE (Bielefeld Academic Search Engine), and reports from the World Health Organization's suicide and suicide prevention publications and other prominent organizations working in this area. They assess the quality of the included studies using the Quality Assessment with Diverse Studies (QuADS) tool. They identify a total of 9074 records from all sources, of which 3420 are duplicates, leaving 5654 titles

and abstracts for screening. They screen 360 of the 390 full texts sought that were accessible and include 42 records for their review (36 identified by database and grey literature searches, three identified from the reference lists of included studies, and three known to the review team).

The authors note that 81% of studies used cross-sectional methods and 71% were retrospective reports. They report a range of the mean ages of onset of 9 to 18 years for entire sample, 10 to 15 years for NSSI and 9 to 18 years for suicide attempts; the modal onset age as 13 years ($n = 17$), followed by 12 years ($n = 16$), and 14 years ($n = 13$). They note a study reported early initiation of self-harm (≤ 12 years) in 36% and non-early initiation (13–18 years) in 59% of the sample, and that studies with a younger sample tended to report a younger age of onset.

The authors acknowledge that their search strategy that was created in consultation with and validated by a librarian is a strength of their review, besides the fact that the included studies underwent quality assessment. They also mention the limitations – findings are generalizable only to the age group of ≤ 18 years; some studies may have not been detected by the search strategy or screening process; the eligibility criteria were amended to specifically include studies that report age of onset as a measure of central tendency that may have resulted in excluding studies which used other methods to report age of onset of self-harm.

The team concludes by highlighting the age range of 12 to 14 years as the typical onset period for self-harm and emphasize the importance of timely prevention and intervention to reduce distress and self-harm. They suggest future research to utilise self-harm surveillance systems or registers to enable the provision of more robust estimates of self-harm age of onset and studies to prospectively explore trajectories of self-harm behaviour, including escalation, cessation, and help-seeking, with a sufficient sample size.



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Emotion regulation as a transdiagnostic link between ADHD and depression symptoms: evidence from a network analysis of youth in the ABCD study

Research | [Open access](#) | Published: 21 October 2025

Volume 19, article number 113, (2025) [Cite this article](#)

Tharaud et al. (2025), discuss the multidimensional nature of the construct of emotion regulation (ER) and describe it as a transdiagnostic construct. They aim to identify which ER domain(s) most strongly link symptoms of ADHD and depression in a network model spanning late childhood to early adolescence in the ABCD cohort (Saragosa-Harris et al., 2022).

The team draws on a sample of 11,868 youth selected to be diverse and nationally representative. They collect baseline data when participants are 9–10 years old. Nearly all participants ($n = 11,866$; 99.9%) contribute at least one data point across time points for analysis. Of these, 4,460 participants (93.8% of those with available depression symptoms at year 4; 37.6% of the total sample) provide complete data, including ADHD measures at baseline, year 1, and/or year 2; ER at year 3; and depression measures at year 4. They record basic demographic information. They assess difficulties in emotion regulation using the Difficulties in Emotion Regulation Scale – Parent Report (DERS-P) at ages 12–13 (follow-up

year 3), with caregivers reporting their perceptions of adolescents' ER difficulties. They collect caregiver reports on youth behavioural problems annually using the ASEBA Child Behavior Checklist 6–18 (CBCL), additionally assess ADHD, and parent report using Kiddie Schedule for Affective Disorders and Schizophrenia – Computerized version (KSADS-COMP) ADHD module yearly across all time points. They classify youth as having a positive history of ADHD if they meet current or past diagnostic criteria for ADHD, or if they report a prior ADHD diagnosis at baseline or during follow-up years 1 or 2. Additionally, the team derives an ADHD Polygenic Score (PGS). The PGS represents a continuous measure of an individual's genetic liability for ADHD, aggregating common genetic variants previously identified in large genome-wide association studies (GWAS). They conduct exploratory network analyses to examine associations among ADHD symptoms, emotion regulation domains, and later depressive symptoms.

The authors report that Catastrophize and Distracted emerge as the most

important emotion regulation (ER) bridge dimensions linking earlier ADHD symptoms to later depressive symptoms within the network. They identify two distinct pathways. Inattentive ADHD symptoms link to depressive symptoms (e.g., poor eating and feelings of worthlessness) through the Distracted ER dimension. In contrast, hyperactive-impulsive ADHD symptoms connect to depressed mood and anhedonia through the Catastrophize ER dimension. Network centrality analyses indicate that Catastrophize is significantly more influential in the overall network than the other ER domains. Using bridge centrality metrics, the authors determine that Distracted shows the highest bridge expected influence, followed by Catastrophize, Attuned, and Negative Secondary Emotions. Network invariance testing reveals significant structural differences between youth with a history of ADHD and those without such a history ($p = .008$). Additionally, centrality invariance analyses indicate significantly greater strength and expected influence of all ADHD items in the high polygenic score network (all $ps = .004$).

The authors highlight the potential clinical implications of their findings as a strength, noting that bridge symptoms may help identify mechanisms underlying the co-occurrence of psychological disorders and represent promising targets for treatment and preventive interventions. They acknowledge several limitations – lower sample size for depression symptoms at year 4 due to attrition and incomplete data in ABCD Release 5.1; inability to conduct longitudinal network models as

ER data were not widely collected until year 3, limiting tighter control over temporal effects; reduced power to detect significant differences in network comparisons by sex and ADHD diagnosis due to subgroup sample size reductions; use of a more inclusive method for estimating ADHD diagnosis, which may have attenuated network differences; conservative estimates resulting from correction for multiple comparisons; and limited ancestral diversity in polygenic score derivation samples, which were primarily based on individuals of European ancestry.

The team concludes that their findings provide evidence for two distinct pathways linking ADHD symptoms to later depressive symptoms through emotion regulation difficulties in early adolescents from the ABCD Study. Specifically, they demonstrate that hyperactive-impulsive symptoms connect to later depression through catastrophizing when upset, whereas inattentive symptoms connect to depression through distractibility when upset.

[Click here to access the article](#)

Off-label drug use in children and adolescents treated with antidepressants and antipsychotics: results from a prospective multicenter trial

Research | [Open access](#) | Published: 13 October 2025Volume 19, article number 110, (2025) [Cite this article](#)

Taurines et al. (2025) address the frequent off-label use of psychotropic medications in child and adolescent psychiatry, noting that, for ethical reasons, psychopharmacotherapy cannot be withheld when clinically indicated. They highlight that psychotropic drugs are commonly prescribed off-label (i.e., outside marketing authorization with regard to age, indication, or duration), underscoring the need for further research and economic and legal incentives to encourage registration of off-patent drugs for pediatric populations. They conduct a multicenter study within the TDM-VIGIL consortium (Egberts et al., 2022) to investigate the frequency and types of off-label prescribing of antidepressants and antipsychotics in youth treated in routine clinical practice. They aim to characterize off-label use and identify potential correlates, including age, sex, diagnosis, illness severity, and treatment setting (outpatient versus inpatient; university versus non-university center).

The team collects prospective data via a secure internet-based patient registry

between October 2014 and December 2018 across 10 university hospitals, 7 state child and adolescent psychiatric hospitals in Germany, Switzerland, and Austria, and one private specialist practice. They include all inpatients, day-unit patients, and outpatients aged 4–18 years for whom clinicians initiate a new antidepressant or antipsychotic (including medication switchers). Exclusion criteria include absolute clinical contraindications and participation in another clinical trial. They include 700 patients (66.6% girls; 77.4% inpatients; 8.6% children <12 years) from a total of 710 TDM-VIGIL participants and follow them for a mean of 5.1 months. Clinicians code diagnoses according to ICD-10-GM. They assess illness severity using the Clinical Global Impression–Severity (CGI-S) scale and follow patients at a minimum of five time points from baseline to six months after discharge or end of outpatient treatment. They define four categories of off-label use: off-label by age, by indication, by treatment duration, and by both age and indication. They use single-level backward stepwise multivariable logistic regression analyses, and hierarchical logistic regression

models for statistical analyses.

The authors report that 70.0% of patients receive at least one off-label antidepressant or antipsychotic during the study. Overall, 66.7% (40 of 60) of children (age < 12 years) and 70.3% of adolescents (450 out of 640) ($p = 0.659$) had at least one treatment episode classified as being off-label. Off-label prescribing occurs in 55.2% of antidepressant episodes (51.1% by age; 37.4% by indication; 11.5% by both) and 81.7% of antipsychotic episodes (29.4% by age; 33.2% by indication; 37.4% by both). The most common reason for off-label use across medications is age (39.5%), followed by indication (35.1%). Polypharmacy is common, with 43.6% of patients receiving more than one psychotropic medication simultaneously.

They find that sex, age (<12 versus ≥12 years), and illness severity do not significantly moderate off-label use. In antidepressant treatment, depression and obsessive-compulsive disorder diagnoses are associated with reduced off-label prescribing, whereas suicidality at admission is associated with increased off-label prescribing. In antipsychotic treatment, schizophrenia diagnoses are linked to reduced off-label use, while treatment in university hospitals is associated with increased off-label prescribing. They observe no significant moderating effect of suicidality in the overall sample.

As strengths, the authors note that the study is conducted in specialized child and adolescent psychiatric centers, primarily inpatient settings, supporting

diagnostic accuracy and treatment stratification. They also emphasize the prospective multicenter design and detailed individual-level data obtained through an internet-based registry. They acknowledge limitations – difficulty generalizing findings to all youth receiving psychotropic medications; lack of assessment of off-label use by dose; evaluation of Swiss treatment episodes according to German authorization regulations despite possible differences in Swissmedic approvals; and that the study is not designed to compare efficacy or safety of on-label versus off-label prescribing.

The team concludes that they demonstrate a high frequency of off-label prescribing of antidepressants (approximately 55%) and particularly antipsychotics (approximately 82%) with respect to age and indication in specialized child and adolescent psychiatric centers across three European countries. They emphasize the need for economic and legal incentives to support testing and registration of psychotropic medications for pediatric indications.

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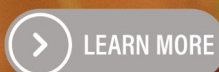
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Name of the painting: Ballet
(accompanying text submitted by the child’s parent)

I am submitting this image of Bernardo, a boy with autism, representing himself dancing ballet. He has been practicing ballet for five years, and it is a very important activity for his mental health. Ballet helps him with motor development, social interaction, and self-regulation. It is also something that brings him a lot of joy and emotional well-being.

~ Bernardo ~

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Name of the painting: Future and Family
(accompanying text submitted by the child’s parent)

This drawing was awarded in a contest about the future. In it, Bernardo represents himself as an adult with two children. He is a talented boy with many skills and dreams, and he often talks about traveling and different future possibilities. However, when asked to draw what he wants most for his future, he chose to represent himself as a father. I believe this shows his ability to think about the future and the importance that family has for him, which is also an important aspect of his mental health.

~ Bernardo ~

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

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

The IACAPAP Education Travel Grant is made available by IACAPAP to supplement participation costs for IACAPAP Individual Member from LMIC presenting at the Association's congresses. The grants are not intended to cover all expenses. The Secretary-General administers the travel grant budget. The number and amount of funding are based solely on contributions received.

A. Timeline

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

B. Nature of Grant

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

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- Up to USD 1,500 (one thousand five hundred US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel outside the continent.
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 - Lodging expenses: Hotel, hostel, or other expenses towards lodging incurred during the convention/conference.

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

C. Eligibility

1. Only **IACAPAP Individual Members** may qualify for an IACAPAP Education Travel Grant.
2. Current membership in IACAPAP at the time of submission, notification and event dates.
3. The candidate cannot receive two consecutive travel grants.
4. A formal abstract submission is required for the respective conference you wish to attend. Please have the abstract submission number available to complete this form online.
5. The applicant must be registered and have fully paid to attend the 27th World Congress of IACAPAP in Hamburg.
6. The applicant must be an author of a full, short or demo paper and be the one presenting the work at the 27th World Congress of IACAPAP in Hamburg.

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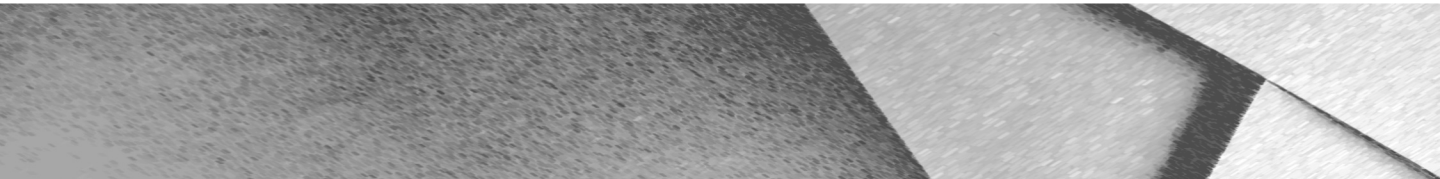
- 1. Letter of recommendation/reference from current supervisor (300 words max) indicating name, affiliation, address, and contact details.
- 2. Curriculum vitae, maximum 02 pages, including previous awards, education, publications, research activities and further information deemed relevant.
- 3. A copy of the abstract (with abstract submission number) you have submitted.
- 4. A copy of the official receipt of the Congress registration fee.
- 5. A copy of the letter of invitation from the Congress secretariat indicating that you are presenting your paper during the congress.

E. Notification of Outcome

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



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

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Mood Disorders in Youth: An Update

Tami D. Benton (Children's Hospital of Philadelphia/University of Pennsylvania, USA)

New Perspectives on ADHD Trajectories from Childhood to Adulthood

Luis Augusto Rohde (Hospital de Clínicas de Porto Alegre, Brazil)

Understanding Neurodevelopmental Disorder Based on Insight from Neuroimmunology

Jun R. Huh (Harvard Medical School, USA)

Adolescent Brain Development, Genome and Transcriptome Perspectives

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- Immersive Futures: Using Virtual Reality to Enhance Emotional Learning and Social Skills in Adolescents – A Malaysian Perspective
- Toward Precision and Inclusion: Adverse Childhood Experiences, Psychiatric Genetic Counseling, AI, and Digital Avatars in Child and Adolescent Psychiatry
- Adolescents in the Era of Climate Change and Conflict: Cross-Cultural Perspectives on Mental Wellbeing
- Understanding the Clinical and Neurobiological Underpinnings of Autism with a Focus on the Female Phenotype
- Korean Popular Culture and Mental Health: How K-Pop Culture Shapes Identity and Social Connection
- Neurodiversity in Context: Cultural Perspectives from Asia
- Experiences of Trauma Management Programs for Orphaned Children Following a Terrorist Bombing in Pakistan
- Exploring Integrated Models of Mental Health Care Around the World that Empower Youth
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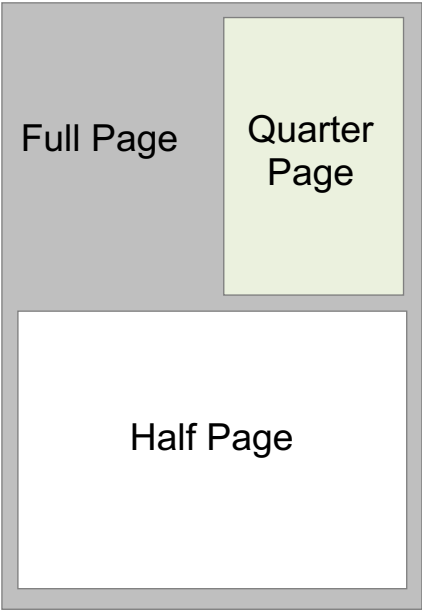
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Italian Society of Child and Adolescent NeuroPsychiatry, Italy | Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)

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