



*By Dora, Taiwan, age category <6Y, Riding Bicycles with Sister*

## President's Message

As we are approaching our World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions, briefly known as the IACAPAP World Congress ([see more details](https://www.iacapap2024.com/ingles/index.php) in this bulletin and at <https://www.iacapap2024.com/ingles/index.php>),

Page 3

Page 17

World Infant, Child & Adolescent Mental Health Day (WICAMHD) 2024

Page 11

28th Annual Adolescent Psychiatry Symposium in Eskisehir, Turkey

Page 14

Task Sharing and Upskilling through Boston Children's Hospital Global Partnerships in Psychiatry Observership



Opportunity: Join the IACAPAP Bulletin Team

Page 29



MOOC 2024 | Open for Registration

Page 28



26th World Congress of IACAPAP | Congress Announcement

Page 8

# C O N T E N T S

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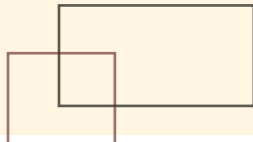
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1996-2004

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IACAPAP President’s Message

P3

26th World Congress of IACAPAP |  
Congress Announcement

P8

28th Annual Adolescent Psychiatry  
Symposium in Eskisehir, Turkey

P11

Task Sharing and Upskilling through  
Boston Children’s Hospital Global  
Partnerships in Psychiatry Observership

P14

World Infant, Child and Adolescent Mental  
Health Day (WICAMHD) 2024

P17

Innovating Mental Health Care: An  
Immersive Lab Initiative from the UAE

P19

CAPMH Corner

P21

17<sup>th</sup> IACAPAP Lunch & Learn Webinar

P27

MOOC 2024 | Open for Registration

P28

Opportunity: Join the IACAPAP Bulletin  
Team

P29

Announcement |

P30

- IACAPAP Member Association’s Corner  
- 67th AEPNYA Congress &
- WAIMH 2024 Interim World Congress

IACAPAP Bulletin Advertising  
Opportunities

P31

IACAPAP Member Organisations

P33

IACAPAP Officers (2022-2026)

P35

## President's Message

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



Luis Augusto Rohde  
IACAPAP President

**registrations from 93 nationalities** up to now, more than our capacity (our venue has the capacity for only 2500 delegates). We are moving to have the most well attended IACAPAP congress ever! A note: not all registered people have paid yet! They will have up to April to finish their registration. As we know that some might not finish their registration with payment, we will allow the last 300 registrations. So, if you want to be in the most prestigious event on CAMH in 2024, this is the time for you to finish your registration with payment or apply for a new one! We are expecting to close registrations in Mid-April since the congress should be sold out at this time. Just recapitulating **120 symposia, 251 oral presentations and 490 posters**. So, this is the place to share experiences, learn and show your work on CAMH!

The first activity that I would like to highlight is our opening ceremony. Besides an entertaining cultural activity, a surprising challenge proposed by one of the dearest and most influential IACAPAP members, we will have a talk by Tom Osborn. Tom is the co-founder & CEO of the [Shamiri Institute](https://www.shamiriinstitute.com/). His trajectory is astonishing! Tom is a community mobilizer, entrepreneur and research

As we are approaching our World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions, briefly known as the IACAPAP World Congress ([see more details](https://www.iacapap2024.com/ingles/index.php) in this bulletin and at <https://www.iacapap2024.com/ingles/index.php>), I will concentrate this presidential column on highlighting some of the innumerable activities that we will have there. The challenge is enormous since there are so many highly interesting and informative activities scheduled!

Firstly, it is important to note that regarding the auditable goals related to this Congress, proposed in the previous bulletin, we are in good shape! The program is online, and we have **2700**

scientist. Born and raised in poverty in rural Kenya, he has started and worked for organizations that aim to disrupt the status quo and lift communities out of poverty. At 18, he co-founded GreenChar, a social enterprise that provided homes and institutions in rural Kenya and urban slums with clean energy. For his work and leadership at GreenChar, he was the youngest recipient of Echoing Green Fellowship - an award for the world's best social entrepreneurs. At 19, he was named on the Forbes' 30 under 30 list in Social Entrepreneurship, the second youngest person to receive the honor. Besides his entrepreneurial experience, Tom graduated from Harvard College with a degree in Psychology (High Honors). If you remember a paper in Lancet that I highlighted two bulletins ago ([Transforming Mental Health Systems Globally: principles and policy recommendations](#)), you will quickly understand why Tom should be our guest speaker in this opening ceremony. I will avoid any spoiler, but he will be talking about scalable approaches that his team is developing in Kenya to address mental disorders in young people relying on principles as evidence-based interventions and task-shifting.

We will also have two wonderful debates at the congress. One addressing a very contemporaneous issue, our understanding of the broadness and limits of the conceptualization of

neurodiversity and questions on the overlap and blurring of its conceptualization and psychopathology. In simple words, where does neurodiversity end and where does psychopathology begin? We will be in the hands of great experts in the field - Emily Simonoff from Kings College in London and David Coghill from the University of Melbourne, to approach this question. Another very pressing issue in different countries is related to the misuse of stimulants by adolescents and young adults. There are several hidden nuances and outspreads in this area. Nobody is better than Jef Newcorn (Mount Sinai) and Tim Wilens (Harvard University) to guide us in this discussion.

My last highlight goes to our first Grand-Round at the IACAPAP World Congresses. We all know that research is extremely important to the field, but the great majority of our delegates are clinicians experiencing difficult challenges in their day-by-day clinical activities. Irritability is present in several mental health conditions, transposing dichotomous diagnostic barriers and when highly severe causing huge impairment for individuals, their families and society. We will have a case presented by Luisa Sygaya, a young and experienced clinician and researcher on irritability and discussed by two experts in the area - Boris Birmaher from the University of Pittsburgh and Toni Ramos Quiroga from the Universitari Vall d'Hebron.

Moving to a different topic: I would like to highlight the progress made these last three months in the collaboration between IACAPAP and the [Stavros Niarchos Foundation \(SNF\) Global Center for Child and Adolescent Mental Health at the Child Mind Institute](#):

- Child and Adolescent Mental Health (CAMH) Item bank (for more information on the initiative please see the [previous bulletin](#)): The first version of the item bank has been assessed by a committee of 10 experts on CAMH from different parts of the globe. Their valuable suggestions have been incorporated. Now, we are initiating the process of sending the latest version of the item bank of mental health questions for different age groups (parents of preschoolers, school-aged children, adolescents, and self-report options for older youths) to hundreds of clinicians and researchers worldwide - including IACAPAP's affiliated national child psychiatry associations - to assess cultural appropriateness.
- Clinical Fellowship Program for LMICs (for more information on the initiative please see the [previous bulletin](#)): The [SNF Global Center Clinical Fellowship Program](#) is progressing quickly! The first three candidates from Mozambique (one psychiatrist, one psychologist, and one occupational therapist) were selected with support from the Mozambique Ministry of Health and will begin their training in Brazil on April 1st, 2024. We, alongside the SNF Global Center

leadership and our collaborators in Mozambique, decided to have one interdisciplinary team come to Brazil, since this is the debut cohort and we plan to learn with our fellows before expanding.

Having already decided the location for the 27th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP 2026 Congress Hamburg) with the help of our members, I am very happy to announce that you also defined the location of the 2028 Congress. We will be going back to Oceania after so many years. The congress will be in New Zealand. I would like to give a special thanks to our colleagues in New Zealand that prepared a wonderful and very detailed application.



On April 23rd, we will have the World Infant, Child and Adolescent Mental Health Day (WICAMHD). As usual, our past president, Daniel Fung, is working

hard with the World Psychiatric Association Child and Adolescent Psychiatry Section (WAP-CAP), the World Association for Infant Mental Health (WAIMH), and the International Society for Adolescent Psychiatry and Psychology (ISAPP) to have, as usual, a series of activities commemorating the day and our traditional webinar. This year, the theme selected was: In their own words: Bridges to Understanding Mental Health, reflecting an issue that gained enormous force inside the MH community, the participation of people with lived experience in decisions in the field. In other words, "nothing about me, without me". We hope that you join us in the exciting activities being prepared and that our national associations could embrace this campaign by doing activities in their countries ([see more](#) about the WICAMHD day in this bulletin).

As you might remember, our antepenultimate paragraph is always dedicated to the discussion of an impactful paper in CAMH published between the previous and this Bulletin in the scientific literature. Unfortunately, I will have to repeat the area on CAMH, since a very relevant paper on ADHD was just published in JAMA, two weeks ago. The title is: ADHD Pharmacotherapy and Mortality in Individuals With ADHD. The leading author is Lin Li from the Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden (see <https://pubmed.ncbi.nlm.nih.gov/38470385/>). There is strong debate in the field

right now if methylphenidate should be incorporated or not in the WHO List of Essential Medicines, an issue that I will address in the next bulletin. This paper is one more piece of compelling evidence for the clinical relevance of pharmacological treatment of the disorder. In an observational cohort study in Sweden authors identified individuals from school age to old age with an incident diagnosis of ADHD from 2007 through 2018 and no ADHD medication dispensation prior to diagnosis. Follow-up started from ADHD diagnosis until death, emigration, 2 years after ADHD diagnosis, or December 31, 2020, whichever came first. Findings are clear: In individuals with ADHD, medication initiation was associated with significantly lower all-cause mortality, particularly, as expected, for death due to unnatural causes. There is no more relevant outcome to be assessed than mortality

Finally, regarding the auditable goals proposed in the previous bulletin, they were **completely** achieved, since:

- 1) We just began the engagement of the IACAPAP community for assessing the cultural adequacy of the Multidimensional, Culturally Sensitive, and Open-Access instrument to evaluate CAMH worldwide;
- 2) The first team from Mozambique was already selected for the Child and Adolescent Mental Health Clinical Fellowship Program and they will begin training in April 2024;

- 3) The program of the 26th World Congress of International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP 2024 Congress Rio) is already available online;
- 4) Registrations for our IACAPAP World Congress were much more than targeted.

The auditable goals up to the next bulletin will be:

- 1) Have the cultural assessment of the Multidimensional, Culturally Sensitive, and Open-Access instrument to evaluate CAMH worldwide either completed or close to completion.

- 2) Have the first team from Mozambique already in training as part of the Child and Adolescent Mental Health Clinical Fellowship Program and have the next locations (country of trainees and host country).
- 3) Have a wonderful congress in Rio with lots of opportunities for learning, sharing knowledge and enjoying the companion of colleagues from all around the globe.
- 4) Have the IACAPAP committee, to appeal the WHO to include methylphenidate in their Essential list of medications, formed and working.

I hope you all enjoy reading our Bulletin.

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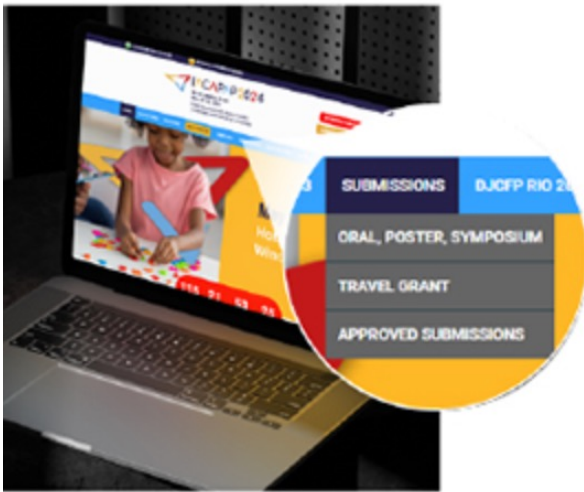
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## 28<sup>th</sup> Annual Adolescent Psychiatry Symposium in Eskisehir, Turkey

By: Murat Eyübođlu, M.D. Associate Professor of Child and Adolescent Psychiatry, Eskisehir Osmangazi University School of Medicine, Eskisehir, Turkey

The Annual Adolescent Psychiatry Symposium was held in Eskişehir, Turkey, on November 2-4, 2023, under the expert guidance of co-chairs Füsün Çuhadarođlu and Murat Eyübođlu. This year's symposium focused on peer bullying, a subject of growing concern in the contemporary literature of adolescent psychology and education. The event drew approximately 200 attendees from a variety of disciplines, including psychiatrists, educators, psychologists, and social workers, highlighting the symposium's commitment to a multidisciplinary approach.

The discussions during the three-day program were multifaceted, focusing

primarily on the clinical manifestations of peer bullying. The experts presented their research and insights, shedding light on how bullying behaviors manifest in various environments and the profound psychological, social, and educational impacts they have on young individuals. These sessions illuminated the complex dynamics of bullying, offering a nuanced understanding of its causes, effects, and the varying forms it can take. A significant section of the symposium was dedicated to exploring and evaluating intervention programs and educational practices aimed at combating bullying. There was a consensus on the need for proactive and multifaceted strategies that involve not



*A distinguished gathering at the 28th Adolescent Symposium. From left to right: Engin Ozakin, Vice Dean of Eskişehir Osmangazi University School of Medicine; Atilla Özdemir, Dean of Eskişehir Osmangazi University School of Medicine; Füsün Çuhadarođlu, Co-chair of the Symposium; Murat Eyübođlu, Co-chair of the Symposium; Damla Eyübođlu, Symposium Secretary*



Participants at the closing ceremony



Attendees of the 28th Adolescent Symposium enjoying a city tour of Eskişehir



Organising Committee



just the victims and perpetrators of bullying, but also parents, teachers, and the wider school community. Innovative approaches to intervention, such as peer-led initiatives and school-wide anti-bullying policies, were discussed. These sessions underscored the importance of creating environments that not only discourage bullying but also promote empathy, respect, and a culture of open communication. There was also a session with high school students where they shared their opinions and experiences on bullying and contributed with their ideas for the future.

The issue of cyberbullying was a focal point of this year's symposium program, reflecting the changing landscape of adolescent interaction in the digital age. The rise of social media and online communication platforms has given bullying a new, more insidious dimension, often harder to detect and address. The symposium tackled these challenges, with discussions on the unique aspects of cyberbullying and its psychological impact on adolescents.

Another hallmark of the symposium was the emphasis on interdisciplinary cooperation. The exchange of knowledge and perspectives among professionals from various fields fostered a collaborative atmosphere that is essential in addressing complex social issues like peer bullying. This

collaboration led to holistic views and approaches integrating psychology, education, social work, and technology.

The symposium concluded with a future perspective, emphasizing the need for ongoing research, policy development, and community involvement in combatting peer bullying. The importance of continued interdisciplinary collaboration was underscored.

At the closing ceremony, the Symposium Research Award was presented to Psk. Dr. Sevgi T. Aytekin for her research titled 'Investigation of School Factors Affecting Peer Bullying.' The Symposium was closed by the invitation to meet in Ankara for the next Adolescent Psychiatry Symposium in 2024.

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

# Task Sharing and Upskilling through Boston Children's Hospital Global Partnerships in Psychiatry Observership

By: Deepika Shaligram MD, Kevin Tsang Psy.D, Patricia Ibeziako MD, Department of Psychiatry & Behavioral Sciences, Boston Children's Hospital, Boston MA

Nine out of 10 of the world's children live in low- and middle-income countries (LMICs), and children constitute nearly half of the populations of these countries. About 50% of all mental disorders begin before the age of 14 years. Worldwide prevalence rates for child and adolescent mental disorders are around 20% across cultures. There is a dearth of mental health services with less than one psychiatrist per million in most LMICs.

The World Health Organization (WHO) Atlas on Child and Adolescent Mental Health Resources was a groundbreaking study by thought leaders, Drs. Myron Belfer and Shekhar Saxena in 2006. It mapped the worldwide availability of Child and Adolescent mental Health (CAMH) resources and identified the gaps (1). The Child Atlas project was a collaboration between the WHO, the World Psychiatric Association Presidential Global Program on Child Mental Health, and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). It surveyed 66 of 192 countries in the world. Major gaps in CAMH resources were identified in the domains of policy, training, and direct services. Although pediatricians

had to provide mental health care in 56% (37 of 66) of the countries, only 15% (10 of 66) of the countries reported that more than 25% of pediatricians receiving mental health training. Given the global shortage of CAMH providers, they proposed the training of primary healthcare professionals and supplemental training of adult psychiatrists, as a resource for CAMH services. These observations served as a gem of an idea that spawned solutions.

Some strategies to increase CAMH services are capacity building, alternative models of care delivery based on task shifting and sharing such that specialists manage severe complex illnesses and mild-moderate presentations are managed by non-specialists (lay health workers, teachers, midwives, nurses and primary care providers) and finally innovation in curricula, systems of care and funding mechanisms.

An innovative international mental health educational initiative of the Boston Children's Hospital (BCH) is the Global Partnerships in Psychiatry observership program (2). This BCH cross-disciplinary educational program is designed for

child facing health professionals, physicians (e.g., pediatricians, general psychiatrists) and psychologists outside the US who have an interest in CAMH.

The program's goal is to provide exposure to CAMH within a tertiary academic medical center so that the observers can contribute to the development of child mental health policy, clinical programming, and advocacy in their respective countries of origin. Dr. Belfer and Ibeziako pioneered this observership program in 2009. Before its inception, the focus of global mental health initiatives in the United States (US) had been domestic programs preparing US health professionals for careers abroad in global mental health.

The program screens applicants to select candidates who are proficient in English, a requirement for US clinical training programs, and will return to serve their home countries. The program is not intended for those seeking further graduate training or practice opportunities in the US. A core 1-3 month curriculum tailored to the needs and experience level of the candidate is designed to provide exposure to contemporary care that would be relevant to their future career. For example, the psychiatric consultation service highlights communication between different specialties and the therapeutic approach to physical illness with comorbid emotional and behavioral issues. The observers learn from clinical bedside observation and discussions during rounds and didactic seminars. Cross-cultural issues are emphasized, as

there is a diverse patient population given that BCH is an international tertiary referral center.

On the Inpatient Psychiatry Service, the emphasis is on the evaluation and team-based management of severe psychiatric illnesses in a restrictive setting. Family psychoeducation, intervention, and collaboration with schools and other systems of care are a part of comprehensive care-management.

On the Community and Outpatient Psychiatry Service rotation, there is exposure to school and primary health center-based CAMH services, outpatient mental health clinics, and specialty clinics (e.g., substance abuse, developmental disorders) based on the interests of the observer. The rotation highlights the impact of collaborative and consultative mental health services delivered in the under-resourced settings.

Throughout the observership a weekly integration seminar facilitates discussion of subjective experiences of observers and also their areas of special interest for future career development e.g., ethics, policy, advocacy and program development. All observers receive an educational resource package consisting of seminal CAMH articles on a flash drive.

Hitherto, all the initially selected observers served in academic or government institutions in their home countries and 70% were early career health professionals (within 10 years of training) (2). Notably, although 80% of

the observers worked with children in their clinical practice, 60% had not received formal CAMH training. The feedback from the observers reported improved skills in critical thinking and problem solving that could be applied for developing CAMH training and systems of care in their home countries. All the observers returned to their home countries after completion of the program and many have become national and international CAMH leaders (3). The observership resulted in a bidirectional learning experience for US faculty and trainees and fostered ongoing professional collaborations on projects, presentations and publications.

The Boston Children's Hospital Global Partnerships in Psychiatry observership program has thus been exemplary in innovative task sharing and upskilling opportunities for countries desiring to build CAMH resources. After a hiatus during the pandemic, the program is poised to resume under the leadership of co-directors Kevin Tsang PsyD, Hesham Hamoda MD and Deepika Shaligram MD. Some of the new features will include exposure to telepsychiatry, collaborative care and potential for a future reciprocal exchange program to deepen US clinicians' understanding of cross-cultural global CAMH issues and alternative models of treatment.

To learn more about the program or for interested candidates please contact: [observership.program@childrens.harvard.edu](mailto:observership.program@childrens.harvard.edu)

Applications are available at [Observership Program - Boston Children's Hospital \(childrenshospital.org\)](https://www.childrenshospital.org/observership-program)

*Note from the Editor: Due to a conflict of interests pertaining to Dr. Hesham Hamoda who is part of the program described above, the editorial process was handled by Deputy Editor Dr. Maite Ferrin.*

## References

1. Belfer ML, Saxena S. WHO Child Atlas project. *Lancet*. 2006 Feb 18;367(9510):551-2.
2. Ibeziako PI, Belfer ML, Demaso DR. Implementing a global child mental health observership program in a children's hospital: lessons learned. *Acad Psychiatry*. 2012 Jul 1;36(4):330-4.
3. Ibeziako P, Barrett C, Ribeiro M, Tsang K. Impact of a Global Child Mental Health Observership Program: Participant Evaluation, Perceptions, and Outcomes. *Acad Psychiatry*. 2021 Jun;45(3):345-349.

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# World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2024

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

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

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

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

## Background

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

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

## Purpose

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

## Objective

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

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

# World Infant, Child and Adolescent Mental Health Day (WICAMHD) 2024

**Theme: In their own words: Bridges to Understanding Mental Health**

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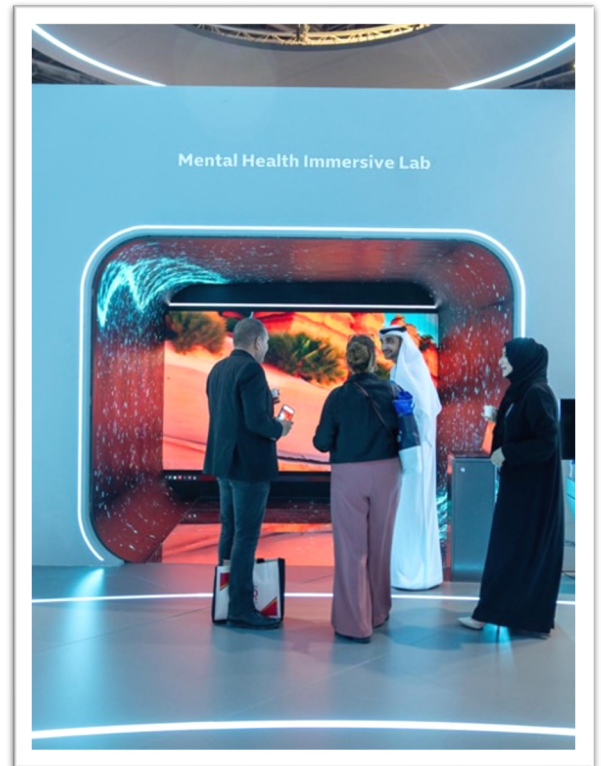
# Innovating Mental Health Care: An Immersive Lab Initiative from the UAE

By: Dr. Ammar Humaid Albanna, Director of Al Amal Psychiatric Hospital, Emirates Health Services and Vice President of IACAPAP

The mental health landscape is witnessing an extraordinary transformation with the integration of Virtual Reality (VR) technology, offering new pathways for treatment across a diverse spectrum of age groups and conditions. At the forefront of this innovation, Al Amal Psychiatric Hospital, under the Emirates Health Services, is pioneering an immersive VR lab designed to transcend the limitations of conventional VR therapies. This initiative is particularly aimed at enhancing care for various mental health conditions, notably anxiety disorders, which affect a significant portion of the population.

Traditional VR applications in mental health have shown promising results, especially in treating conditions like anxiety disorders through exposure therapy. Yet, their reach has been somewhat restricted by inherent limitations. Specifically, very young children, individuals with sensory processing challenges, and those with neurodevelopmental delays often find these technologies inaccessible. Additionally, the solitary nature of most VR experiences fails to accommodate the inclusion of family members or therapists in the virtual environment, which can be crucial for a supportive treatment process.

Addressing these gaps, the immersive lab at Al Amal Psychiatric Hospital is set to revolutionize the way VR is utilized in mental health care. The lab's innovative approach allows for a shared virtual space where patients, along with their families and clinicians, can interact not just through avatars but in a more tangible, inclusive setting. This breakthrough facilitates a more collaborative and supportive therapeutic experience, opening up new avenues for treatment efficacy and patient comfort.



Visitors at the Immersive Lab, Al-Amal Psychiatric Hospital

Moreover, the immersive lab is not solely a treatment facility; it is also a research hub. It offers clinicians and researchers the opportunity to conduct in-depth studies on the efficacy of immersive VR therapies compared to traditional methods. This includes exploring its acceptability and potential in exposure treatments for anxiety disorders, among other applications, including preparing children with ASD for new situations. Coupled with the capability to integrate

biometric data, the lab stands at the cusp of developing innovative interventions and enhancing diagnostic precision.

This cutting-edge initiative not only positions Al Amal Psychiatric Hospital as a leader in mental health innovation but also signifies a monumental step towards making mental health care more accessible, effective, and inclusive. By leveraging the immersive lab, Emirates Health Services is pioneering a future where mental health treatment breaks free from traditional confines, offering hope and healing through the power of technology.

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



Visitors at the Immersive Lab, Al-Amal Psychiatric Hospital

Visitors at the Immersive Lab, Al-Amal Psychiatric Hospital



## 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 Mar 2024 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - *Optimising child and adolescent mental health care - a scoping review of international best-practice strategies and service models* (Jeindl et al., 2023), *Attachment in close relationships and glycemic outcomes in children with type 1 diabetes* (Klemenčič et al., 2023) and *Association of tumor location with anxiety and depression in childhood brain cancer survivors: a systematic review and meta-analysis* (Szabados et al., 2023).

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### Optimising child and adolescent mental health care – a scoping review of international best-practice strategies and service models

[Reinhard Jeindl](#) , [Viktoria Hofer](#), [Christian Bachmann](#) & [Ingrid Zechmeister-Koss](#)

*Child and Adolescent Psychiatry and Mental Health* 17, Article number: 135 (2023) | [Cite this article](#)

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Jeindl et al., (2023) underscore the increasing need for mental health care in children, especially post-COVID pandemic and limitations of the current models of care provision and delivery. They conduct a study to provide an overview of international child and adolescent mental health (CAMH) care strategies and models.

The team sets out to do a scoping review. They consider the applicability of the findings to the Austrian context. So, to ensure relevance, they limit their analysis to countries within the Global North,

specifically focusing on those with the highest Human Development Index (HDI) according to the 2020 report. They include Australia, Switzerland, Czechia, Spain, Norway, the United Kingdom and Germany (due to its proximity to Austria and high comparability of the health systems) for the literature review. They carry out a structured hand search for national strategies and models addressing CAMH care and prevention between April and June 2022. They decide iteratively which information to extract and prepare data extraction tables for each of the selected documents. They

identify 14 topic areas for data extraction - information activities, prevention/promotion, detection, treatment, telemedicine, care pathways, transitional psychiatry, vulnerable patient groups, user participation, infrastructure, workforce development, implementation, digital tools for case management, and data acquisition/research. They use an adapted version of the Appraisal of Guidelines for Research & Evaluation II (AGREE II) instrument.

The authors note that the overall quality of the documents ranged from 62 to 95%. They also mention that numerous particularly vulnerable groups, with a higher susceptibility to mental illness and frequently necessitating intricate care arrangements, have been identified throughout all the documents and that all countries recommend information and awareness-raising activities to increase health literacy and reduce stigma. In terms of treatment, they point out that there is an emphasis on the importance of expanding the variety of settings available, including options such as home-based care, treatment equivalent to inpatient care, various outreach approaches, and traditional inpatient treatment. Overall, they identify the following key principles - emphasis on prevention, early detection/intervention (including initiatives to enhance mental health awareness), better coordination, ensuring that CAMH (Child and Adolescent Mental Health) services are evidence-based, which includes the necessity for further research into mental

health services, reinforcing participation, considering special treatment requirements, and establishing culturally sensitive and needs-based low-threshold services.

The team acknowledges the following limitations - use of a targeted hand search (instead of a systematic literature search); selection of countries based on the HDI as an indicator; excluding Asian countries; literature search being limited to June 2022, not collecting data on the extent to which the strategies have already been implemented; excluding documents addressing specific indications (e.g., medical guidelines), general health (instead of specific to mental health), or all ages (instead of specific to children and young people) and that the information extracted on the identified topic areas could not always be assigned to the identified categories. They conclude by strongly advocating for cross-sectoral and participatory approaches in CAMH care structures. They suggest that the health, education, social, and youth justice sectors should integrate mental health promotion, prevention, and care and that research should accompany strategic developments to address care shortcomings, especially for vulnerable patient groups.

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Research | [Open access](#) | [Published: 17 October 2023](#)[Click here to access the article](#)

## Attachment in close relationships and glycemic outcomes in children with type 1 diabetes

[Simona Klemenčič](#) , [Jasna Klara Lipovšek](#), [Anja Turin](#), [Klemen Dovč](#), [Nataša Bratina](#), [Yael Shmueli-Goetz](#), [Katarina Trebušak Podkrajšek](#), [Barbka Repič Lampret](#), [Barbara Jenko Bizjan](#), [Sašo Karakatič](#), [Tadej Battelino](#) & [Maja Drobnič Radobuljac](#)

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Klemenčič et al., (2023) discuss the basics of attachment theory and the impact of stress response on diabetes (T1D) management in individuals with Type 1 Diabetes to establish a context for their current study. They conduct the study to understand the relationship between child attachment to parents, parental attachment styles, child stress reactivity, and glycemic outcomes in children and adolescents with T1D.

The team identifies all children (8-15 years) with T1D (for at least one year) and their parents from the Slovenian National Diabetes Registry and invites them to participate in the study. They recruit child-parent pairs who responded in the single-arm study at the University Medical Centre Ljubljana from July 2015 to December 2019 to follow them up prospectively for 4 years. They collect data on child and parent attachment (Child Attachment Interview; CAI and Relationship Structures Questionnaire; ECR-RS) and children's morning serum cortisol at baseline and data on diabetes progression (glycated hemoglobin (HbA1c), HbA1c variability over 4 years and time in range (TIR) at regular 3-

3-month outpatient visits. They use Pearson or the Spearman correlation coefficient to assess the relationship between two variables and linear regression with two-tailed hypothesis testing and significance level  $\alpha = 0.05$  for further analysis of the data.

The authors invite 124 parent-child pairs to participate, of whom 101 respond (response rate: 81.5%). They report that girls had higher average HbA1c than boys ( $B = -0.52$ ,  $t = -2.02$ ,  $p = 0.047$ ); a higher percentage of secure attachment in girls compared to boys; a moderate correlation between parent attachment anxiety and parent attachment avoidance ( $r(91) = 0.43$ ,  $p < 0.001$ ); higher parental attachment avoidance was associated with higher average HbA1c in boys; in those whose parents reported low attachment avoidance ( $-1$  SD) - girls had higher HbA1c variability than boys ( $B = -0.031$ ,  $t = -3.153$ ,  $p = 0.002$ ), and higher morning cortisol levels were associated with higher HbA1c variability ( $B = 7e-5$ ,  $t = 2.144$ ,  $p = 0.035$ ); and for children whose parents reported high attachment anxiety ( $+1$  SD), girls had higher TIR than boys ( $B = -13.251$ ,  $t = -2.451$ ,  $p = 0.018$ ).

The authors mention the strengths of their study - almost the entire cohort of children with T1D from Slovenia participate in the study, the use of well-established and validated interview measure, regular tracking of Hb1c levels for approximately 4 years and acknowledge its limitations - use of a self-report questionnaire to assess parental attachment could lead to over- or under-reporting; did not assess child or parental psychopathology; they could not obtain TIR data from all participants,

and measurement of cortisol levels only once. They conclude by recommending clinicians to pay attention to girls who are independent and compliant (indicating secure attachment) but not yet able to control their diabetes and evaluate attachment needs in the regular assessment and management of girls and boys with T1D. They also suggest that using evidence-based attachment-oriented interventions in this population would be useful.

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Review | [Open access](#) | [Published: 27 October 2023](#)

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# Association of tumor location with anxiety and depression in childhood brain cancer survivors: a systematic review and meta-analysis

[Márton Szabados](#), [Erika Kolumbán](#), [Gergely Agócs](#), [Szilvia Kiss-Dala](#), [Marie Anne Engh](#), [Márk Hernádfői](#), [Kata Takács](#), [Eszter Tuboly](#), [Andrea Párniczky](#), [Péter Hegyi](#) & [Miklós Garami](#) 

*Child and Adolescent Psychiatry and Mental Health* **17**, Article number: 124 (2023) | [Cite this article](#)

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Szabados et al., (2023) highlight the importance of early detection and treatment of emotional disorders in children who survive cancer to reduce the severity and duration of symptoms, avoid relapse, and improve overall functioning. They conduct a meta-analysis to determine the relationship between the location of the brain tumor and the prevalence of anxiety disorder and major depression, to provide professionals with better options for diagnosis and interventions designed to treat psychological disorders at an early stage.

The authors register their protocol on PROSPERO (CRD42022370756), follow the Cochrane Handbook for methodological guidance and use the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement to report their findings. They perform search in five scientific databases: Medline (via PubMed), Embase, Cochrane Central Register of Controlled Trials (CENTRAL), Scopus, and Web of Science. The search key includes the following domains:

pediatrics, brain cancer, location, and affective disorders. A pair of review authors independently screen articles by title, abstract, and full text based on predefined eligibility criteria and extract data from eligible studies using a standardized data collection form. They use the Quality in Prognostic Studies 2 (QUIPS-2) tool to assess risk of bias and Cohen's kappa to assess interrater agreements during selection. A third author resolves conflicts in selection. With regard to statistical analyses - the team uses random intercept logistic regression models to estimate prevalence, performs a subgroup analysis based on tumor location and test heterogeneity using Cochrane's Q [N + 3] and Higgins & Thompson's I squared statistics.

They identify 6692 records and 1564 records through the references and include 42 studies in the quantitative analysis. The overall prevalence of major depression and anxiety among survivors of brain tumors was 22% each. They analysed 17 studies that showed no difference in the prevalence of major

depression between infratentorial (INF) and supratentorial (SUP) brain tumor survivors [proportions: INF 0.21 (CI 0.10-0.41); SUP 0.23 (CI 0.12-0.38)]. They carried out a pooled analysis of 11 studies, which showed no statistically significant difference in the prevalence of anxiety between infratentorial (INF) and supratentorial (SUP) brain tumor survivors [proportions: INF 0.26 (CI 0.05-0.69); SUP 0.18 (CI 0.06-0.41)]. Infratentorial (INF) brain tumor survivors tended to score higher on depression and anxiety inventories than supratentorial (SUP) brain tumor survivors. They report a low risk of bias in 36% of the papers, moderate in 24%, and high in 40%. The notable bias risk primarily stemmed from insufficient information regarding confounding factors and a lack of details on methodology and statistical analyses.

The team mentions the strengths -the first comprehensive meta-analysis on this topic in the pediatric population, rigorous methodology, assessed and justified the heterogeneity detected in the analyses, and limitations of their study - results were obtained from retrospective cohort and cross-sectional studies also, some studies included in the analysis had a rather low number of patients, comparisons were only made by subgroup analysis, rather than direct comparisons within subgroups, did not perform subgroup analyses by treatment modalities because of the lack of information and heterogeneity of tumor types, did not perform meta-regression due to lack of data, and did not investigate the prevalence of different

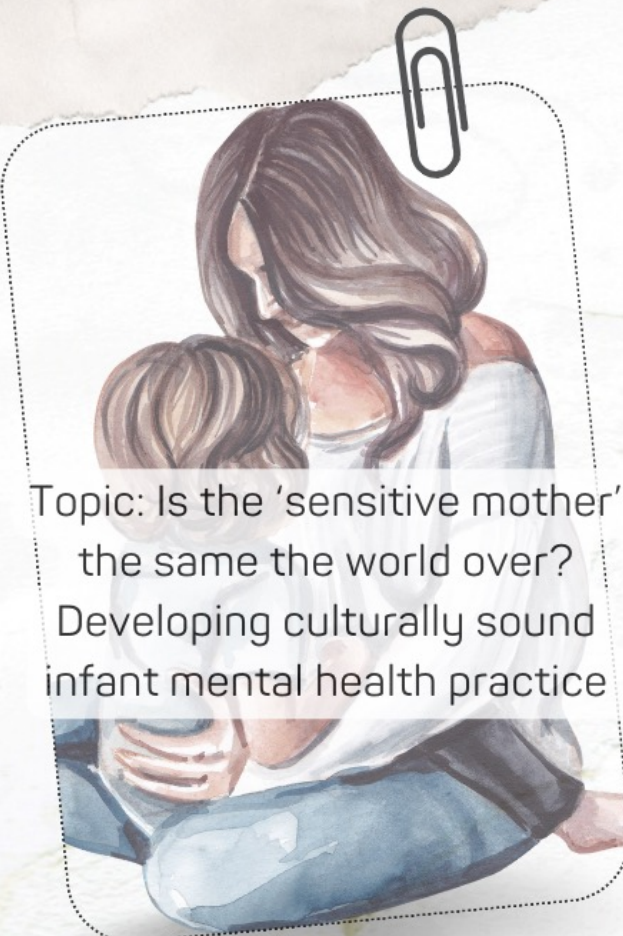
types of anxiety diagnoses. They conclude by highlighting that one in five patients surviving pediatric brain tumor develops major depression and anxiety disorder and those treated for infratentorial tumors face elevated risks and exhibit poorer depression and anxiety scores. They recommend conducting prospective cohort studies with standardized follow-up times and use of standardized measurement tools for precise analysis.

## REFERENCE

Jeindl, R., Hofer, V., Bachmann, C. et al. Optimising child and adolescent mental health care - a scoping review of international best-practice strategies and service models. *Child Adolesc Psychiatry Ment Health* 17, 135 (2023). <https://doi.org/10.1186/s13034-023-00683-y>

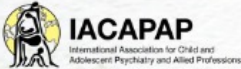
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Szabados, M., Kolumbán, E., Agócs, G. et al. Association of tumor location with anxiety and depression in childhood brain cancer survivors: a systematic review and meta-analysis. *Child Adolesc Psychiatry Ment Health* 17, 124 (2023). <https://doi.org/10.1186/s13034-023-00665-0>



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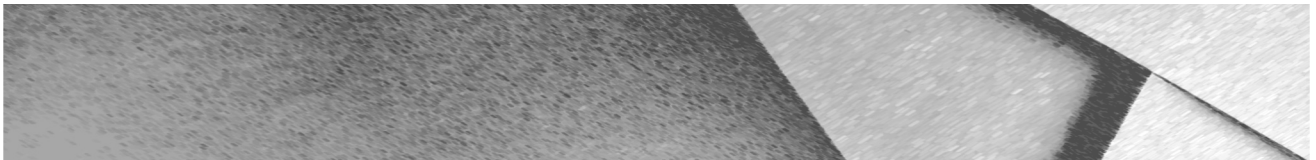
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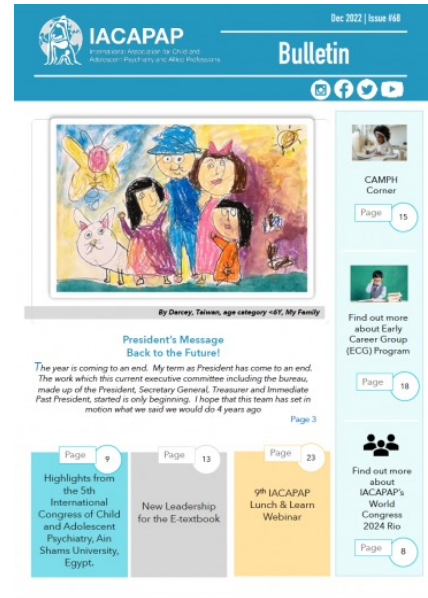
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