

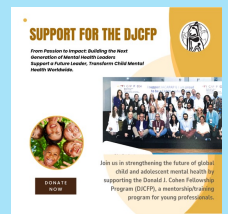


By Lucy Wang, age category, >= 18 years-old, The Healing Light of Imagination: Friendship, Rainbow and the Golden bird



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A call to support our crowd funding campaign

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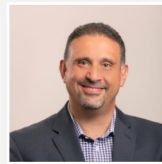
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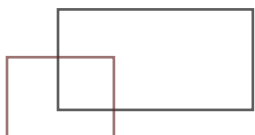


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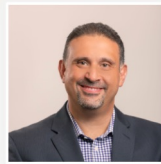
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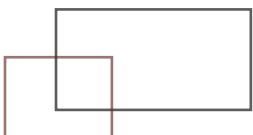
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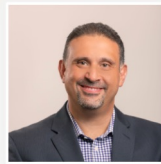
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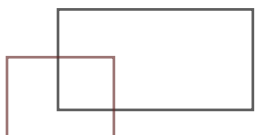
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President's Message

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.

Dear colleagues,

We are on the verge of our IACAPAP World Congress on Child and Adolescent Mental Health and we are confident that it will be an unforgettable event. At the same time, this will be my last column as president of our association. For this reason, the format will be different from previous ones. I want to revisit the goals set in our first column with you and see what we accomplished during our term.

However, before beginning this journey, I want to thank you very much for the opportunity to serve as president of IACAPAP. It was an honor! At the same time, I want to express my deepest gratitude to Yewande, our secretary-general, Carmen, our treasurer, and Daniel, our past president, for accepting to be part of the IACAPAP bureau. As said, in my first column: "We all know that the magnitude of the challenges inherent to an association with tradition and representativeness as ours can only be faced by teamwork." Talking about teamwork, it is very important to highlight that IACAPAP does not exist without the extremely competent work by our executive officer, Sue Wong. My gratitude also to Sue. It was a real privilege to work with all members of the Bureau and Sue!



*Luis Augusto Rohde
IACAPAP President*

The goals set at the beginning of the term were: a) develop more educational initiatives for CAMH professionals from Low-Middle Income Countries (LMIC); b) stimulate the engagement of a new generation of Child and Adolescent Mental Health (CAMH) professionals identified with IACAPAP values and mission; c) work to regain a more expressive and active participation of the key-leaders in the field of CAMH in IACAPAP; d) achieve financial stability for our Association; e) increase the active participation of national associations in the construction of an even more solid Association.

A) More educational initiatives for CAMH professionals from Low-Middle Income Countries

Thanks to the work of Yewande, our secretary general, we expanded our educational platform creating regional webinars, open-access webinars, and we make public available webinar recordings through a partnership with [Vumedi](#). Relying on this partnership, we will also make several sessions of the IACAPAP World Congress public and open access after the meeting.

A special thanks here also to Hee Jeong, John-Joe, Uttara and Valsamma, our E-textbook editors-in-chief, for having the first edition of the Textbook version 2.0 ready for the IACAPAP World Congress. This is one of the most accessed open-access reference sources in CAMH worldwide, especially relevant for LMIC professionals.

Under the umbrella of educational initiatives, I want also to mention the clinical fellowship for LMICs in partnership with [SNF Global Center for CAMH at CMI](#) and development of a global essential curriculum for Child and Adolescent Psychiatric training in partnership with [World Psychiatric Association \(WPA\) Child and Adolescent Psychiatry Section](#) among other institutions. These two initiatives will be addressed below.

B) Engagement of a new generation of CAMH professionals

Clearly, we are seeing a much higher interest from young CAMH professionals in IACAPAP. The numbers can tell you the story! We had respectively 23 and 25 candidates for our last [HRRS](#) and [DJCFP](#).

The number of poster and oral submissions for our [IACAPAP World Congress](#) was impressive and these activities are typically the space for young professionals in congresses like ours. The [Early Career Group](#) is extremely active and has two new coordinators - Andrés Román-Jarrín from Ecuador and Charlene Gumbo from Kenya.

C) Key-leaders in the field of CAMH again as part of IACAPAP

Undoubtedly, IACAPAP returned to the center of the CAMH arena globally. We established partnerships like the one with Stavros Niarchos Foundation (SNF) Global Center for Child And Adolescent Mental Health at the Child Mind Institute (CMI) that has the potential of making an extreme impact in the field (see below), we have collaborated with Orygen in preparing the WHO research priorities on digital environments and youth mental health, half of the bureau is working on a Lancet Psychiatry series on ADHD. Just to cite some initiatives! Important to mention that it has been a long time since we have seen so many candidates for the next IACAPAP bureau, and many of them from very respected university centers.

D) IACAPAP Financial stability

Thanks to the work done by Carmen, our treasurer, and a very austere vision on how to spend financial resources in our term, IACAPAP is now more financially solid than 4 years ago. This was achieved even without considering the revenues

from the current IACAPAP World Congress. However, the journey is just partially completed here. The vision is to have enough resources in our account to 1) increase the number of CAMH educational initiatives; 2) cover expenses of a future IACAPAP World Congress that could be financially unsuccessful. Since this is unlikely, why is it important? Because with this level of financial security, we can make much more equitable deals with Professional Congress Organizers (i.e., now to assume the total financial risk, they request an expressive amount of the surplus our congresses). This will be a challenge for the next bureau in terms of innovative solutions. Some that we have tried, like crowdfunding mechanisms for donations, did not work as expected.

To secure the financial stability of IACAPAP, we needed to be very austere even with programs that are the soul of our association like the Helmut Renschmidt Research Seminar (HRRS) and Donald J Cohen Fellowship Program (DJCFP). A special thanks to Christina and Petrus for their splendid work with HRRS in São Paulo and Kloster Irsee, and to Ayesha, Naoufel, Sowmya and Jordan for organizing vibrant DJCFP meetings during our congresses in Brazil and Germany, despite these restrictions.

E) Increase active participation of national associations in IACAPAP

Several initiatives led by Yewande and Hesham, the chair of our communication team, were implemented to facilitate and increase participation of our national and

individual members in IACAPAP. The creation of new [Specific Interest Groups](#), the Allied Professionals Think Tank and the introduction of member-focused initiatives such as the “Full Member Corner” represent examples of initiatives to dynamize active participations of our members inside IACAPAP. Communication with members also became more active through newsletters, webinars, and social media updates. To have an idea of the comprehensiveness of the work led by Hesham and its impact on CAMH, please see a recent paper by our communication team at <https://pubmed.ncbi.nlm.nih.gov/42177526/>.

F) Other relevant initiatives

In our term, we also achieved an important strategic goal. For the first time, we had our Professional Congress Organizer (PCO), CPO Hanser. This has been an aspiration of IACAPAP for so many years. We signed a short contract to avoid imposing our decision on the next Bureau and to see how we were going to work together. Based on the experience of these first years and the one preparing for the Congress in Hamburg, I can say without any hesitation how different and better is to count on an extremely professional team like the one working in CPO Hanser. In addition, only those that organize congresses know that it is such a relief to count on a PCO that assumes all financial risks in an era where more and more people take decisions, like registering in meetings, at the last minute.

Another important initiative led by Ayesha, our IACAPAP councilor, is the development of an essential curriculum for Child and Adolescent Psychiatric (CAP) training jointly with the World Psychiatric Association (WPA) Child and Adolescent Psychiatry Section and other associations. The work is in its first steps but the dream of having an essential curriculum for CAP endorsed by a huge number of national and regional associations and by IACAPAP and WPA-CAP is something difficult to achieve considering global diversity, but extremely valuable to pursue.

Global Center for CAMH at CMI. They were: The creation of the LUMI (Library of Universal Mental Health Instruments) and the Clinical fellowships for LMICs. Thus, I am extremely grateful to SNF Global Center for trusting IACAPAP in establishing this partnership.

I have been presenting data on the LUMI in previous columns. In short, **LUMI represents the dream of having a common language in CAMH globally coming through.** A library of instruments that are open access, psychometric validated, tuned for different cultures, co-

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



G) Relevant legacies of our term to CAMH community

I left the “frosting on the cake” for the end. I think the most relevant legacies from our term for the CAMH community were accomplished by the partnership signed through a MOU with the SNF

created with more than 300 international experts and with people with lived experience, available in more than 10 languages and ready for clinical and research use in CAMH. LUMI assesses mental health categorically and dimensionally, risk and protective factors and the youth’s care journey allowing

perspectives from different information sources. Everything is presented on a friendly web platform. The launch will be in New York during the SNF Global Youth Summit next September, but we will have a special symposium in the IACAPAP World Congress dedicated to introducing LUMI to you. We are confident that this will substantially impact our field positively.

I have also been presenting the Clinical Fellowship Program for LMICs in previous columns. To directly address the shortage of CAMH professionals in LMICs, we and SNF Global Center launched a comprehensive Clinical Fellowship Program in CAMH. Mozambique, a nation with only one practicing Child and Adolescent Psychiatrist up to 2024 and a dearth of trained CAMH professionals, was selected as the inaugural site. This program extends beyond psychiatrists to include psychologists and occupational therapists, embodying a holistic approach to CAMH care, consonant to the IACAPAP vision. The fellowship spans two years, with the first year dedicated to intensive training in Brazil, followed by one year of service in Mozambique's public health system, under continuous external supervision. This ambitious endeavor aims to build a sustainable model of CAMH training and care for LMICs. One cohort of professionals completed the entire program; one already completed the first year of the program in Brazil and they are in the second year in Mozambique and the third is on their first year of training in Brazil. **The program was already**

expanded to another pair of countries - Kenya and South Africa as the host country. Just to give a glimpse of the potential of a program like this one, the first group trained on CAMH in Brazil (one psychiatrist, one psychologist and one occupational therapist) was able to help providing **MH care to about 1000 children and adolescents in Maputo, provided 160 inter-consultations and built capacity among health care professionals through daily lectures** in their first year of return to Mozambique (2025).

I would like to end this last column wishing all the best and a huge success for the next bureau. Here, I would also want to recognize the magnificent work by Daniel, our past president, in leading a competent nominating committee. For sure, the new Bureau will have many challenges to face, but they will certainly find it to be an extremely rewarding task!

As usual, I hope you enjoy reading our Bulletin!



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions



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
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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.

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.

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.

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

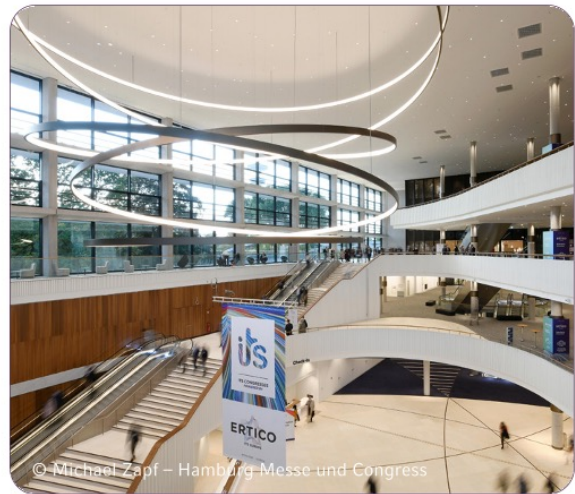
Email: iacapap2026@cpo-hanser.de



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

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)

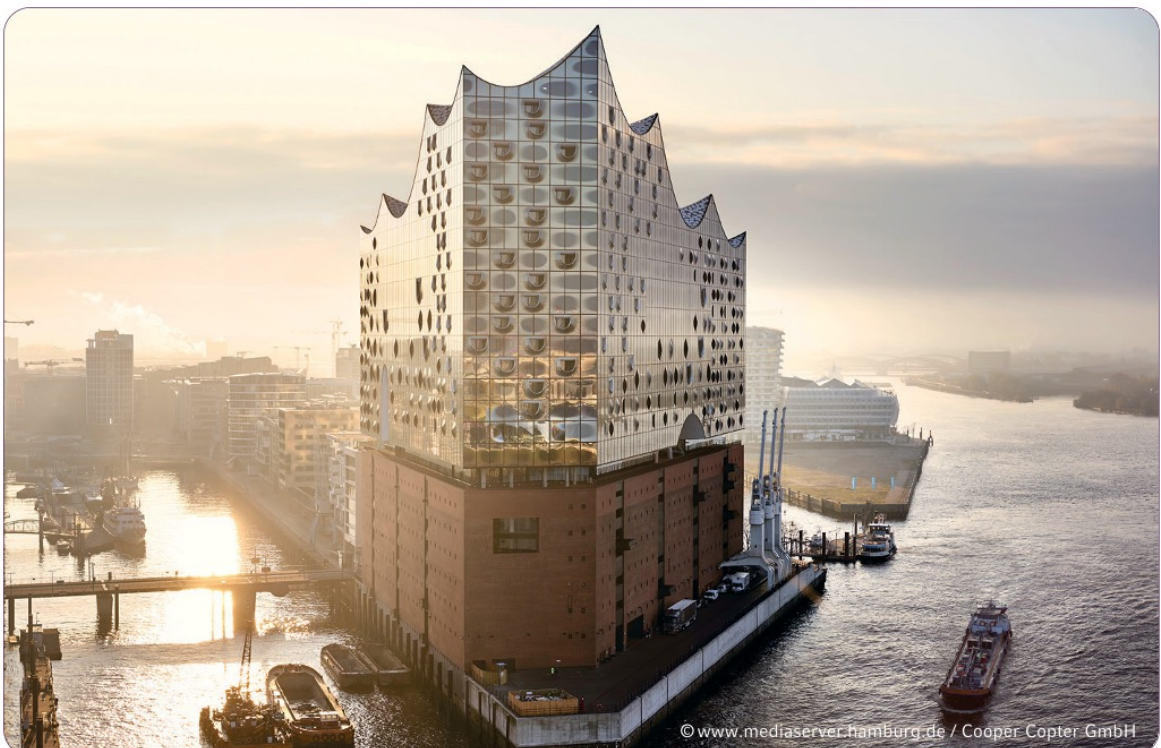
Arriving by train



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



Congress App



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CME Accreditation

The 27th World Congress of IACAPAP 2026 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME[®]) with 20,5 CME credits (ECMEC[®]s).

Breakdown of confirmed ECMEC[®]s per day:

- 02/07/2026: 7,0 credits
- 03/07/2026: 7,0 credits
- 04/07/2026: 6,5 credits

The Landesärztekammer Hamburg has approved the congress with 21 credit points for the congress days. Each workshop is accredited with 5 CME credits.

Breakdown of confirmed credit points for German participants per day:

- 01/07/2026: 3,0 credits
- 02/07/2026: 6,0 credits
- 03/07/2026: 6,0 credits
- 04/07/2026: 6,0 credits



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Certificates and CME Credits

Each medical specialist should claim only the credit hours actually spent in the educational activity. Certificates of attendance, including CME credits, may be requested online after the congress. To receive CME credits, participants must attend the full congress, complete payment, and submit the congress evaluation.

Congress App

Stop carrying around piles of paper. Just take the congress with you, wherever and whenever you want! The App is free of charge and provides iPhone / iPad and Android users at the 27th World Congress of IACAPAP 2026 with on-the-go access to the congress' most exciting interactive features.



Further information is given at www.iacpap-congress.com/information/app

With the app, you will have the entire scientific programme at your fingertips throughout the congress. Create your personal schedule, bookmark sessions of interest, and stay informed about last-minute updates and important announcements through push notifications.

In addition, the app offers practical interactive features to enhance your congress experience:

- rate individual sessions, posters and oral presentations (public ratings through the app will count toward the decision of the award winners)
- connect easily with fellow participants, faculty and exhibitors
- navigate the venue using our interactive floorplans
- collect points with our gamification programme and climb the leaderboard



28th World Congress of

IACAPAP 2028

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Manaaki Tamariki,
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Advancing Global Child and Adolescent Mental Health: Reflections from the 2022–2026 IACAPAP Bureau

By: Professor. Yewande O. Oshodi FMCPsych, FWACP, Cert Child & Adol. Psych, FRANZCP.^{1,2,3}

¹ IACAPAP Secretary-General 2022–2026

² Unit Director & Consultant Child and Adolescent Psychiatrist, Brolga HKH. NSW, Australia.

³ Professor of Psychiatry, formerly at University of Lagos. Lagos, Nigeria.

Introduction

This article highlights some of the selected Child and Adolescent Mental Health initiatives undertaken globally during the current Bureau's leadership, which was between 2022 and 2026. This has been a period of continued growth and consolidation of structures for the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). This was a time marked by rising awareness of child and adolescent mental health needs globally, the Bureau focused on strengthening collaboration, education, advocacy, and capacity development across regions and across professions.

Mental health conditions among children and adolescents remain a significant contributor to disability, educational disruption, family burden, and long-term social disadvantage worldwide. Coming out of the COVID-19 pandemic, which further exposed many inequalities in access to mental health care globally, it emphasized the need for our focus being on international cooperation,



Figure 1: IACAPAP 2022–2026 Bureau

workforce development, and sustainable systems of support.

Within this context, the IACAPAP 2022–2026 Bureau continued its long-standing commitment to promoting child and adolescent mental health through education, advocacy, research, and international collaboration. The period focused on strengthening existing structures while gradually expanding engagement with professionals, organizations, and regions with limited CAMH resources.

This article summarizes key global CAMH initiatives undertaken during the Bureau period and reflects on both achievements and ongoing challenges identified through the strategic plan review.

Organizational Development and Strategic Development

One of the central priorities between 2022 and 2026 was to strengthen the organizational foundations of IACAPAP while preserving its collaborative and international identity. Several leadership and coordination roles were expanded, including those linked to [Special Interest Groups](#) (SIGs), support and expansion of early career activities, a drive to grow allied professionals participation, and commitment to provision of regular educational opportunities via sustainance of varied webinar series.

The establishment of new SIGs and the Allied Professionals Think Tank reflected ongoing efforts to create spaces where professionals from different disciplines and regions could connect more regularly between congresses. Communication with members also became more active through newsletters, webinars, social media updates, and the introduction of member-focused initiatives such as the “Full Member Corner.”

Although many of these developments evolved gradually, together they helped strengthen continuity, collaboration, and a stronger sense of connection across the organization. There were also identified opportunities for

improvement, particularly in developing clearer systems for measuring outcomes, gathering feedback, and evaluating the long-term impact of activities.

Global Advocacy and Awareness Initiatives

Advocacy continued to be an important part of IACAPAP’s work, particularly at a time when the mental health needs of children and adolescents were becoming increasingly visible worldwide. One of the most visible international initiatives during this period was [World Infant, Child and Adolescent Mental Health Day](#) (WICAMHD), developed collaboratively with organizations including the World Association for Infant Mental Health (WAIMH), the World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP), and the International Society for Adolescent Psychiatry and Psychology (ISAPP).

WICAMHD collaboratively with WPA, ISAPP, and WAIM, we created a shared international platform through which professionals, institutions, families, and communities could collectively highlight the importance of child and adolescent mental health across different regions of the world. This initiative in 2026 addressed the theme “*Developing Emotional Safety and Preventing Suicide in a Post-Pandemic World*”.

The Bureau also supported public statements and advocacy efforts concerning children affected by conflict and humanitarian crises, including the publication of a statement on the impact

of the Gaza conflict on children’s mental health. These activities reflected an ongoing commitment to child rights and global mental health advocacy.

Education, Training, and Knowledge Sharing

Education and professional development remained at the heart of IACAPAP’s activities throughout this period. Particular attention was given to improving access to learning opportunities for professionals working in regions where specialist CAMH training remains limited.

Educational activities included open-access webinars, public availability of webinar recordings, regular bulletin contributions, and continued work on version 2.0 of the IACAPAP e-Textbook. By 2026, around half of the revised chapters are prepared for presentation at the World Congress.

Collaborations with the Network for Enhancing Wellness in Disaster-Affected Youth (NEW DAY) saw the delivery of Psychological first aid trainings which ran several webinar cycles for members across the globe with certificates being awarded. The trainings were very well received and enthusiastically subscribed to.

The Bureau also participated in collaborative educational projects with organizations such as the Child Mind

Institute, Orygen, and the World Health Organization.

Multidisciplinary learning and collaboration also remained important themes throughout these years. Dedicated webinars and symposiums for allied professionals encouraged broader participation from psychologists, nurses, social workers, pediatricians, educators, and other disciplines involved in child and adolescent mental health care.

Benefits to members continued to be a priority including; opportunities to apply for and to receive travel grants to congresses and ensuring continued support for our core training programs namely the [Donald J. Cohen Fellowship Program](#) (DJCFP), [Helmut Remschmidt Research Seminars](#) (HRRS) and the [Henrikje Klasen iCAMH Training](#).

Collaboration and International Partnerships

The Bureau’s term was characterized by continued collaboration with international organizations and professional networks. Partnerships with WPA-CAP, WAIMH, ISAPP, Orygen, and the Child Mind Institute supported educational activities, advocacy campaigns, and several collaborative projects which will be detailed elsewhere.

One notable initiative involved participation in the Global CAP

Curriculum, a collaboration with WPA-CAP, including work related to digital environments and youth mental health. Another is the creation of the Item Bank jointly with CMI for assessment of mental disorders and risk factors in children and young people, with global contributions that gives a wide cultural perspective into the final product which will be concluded by the next Bureau. Such collaborations contribute to ongoing discussions regarding international training standards, research priorities, and culturally adaptable CAMH frameworks.

These collaborations reflected a growing recognition that progress in child and adolescent mental health depends on sustained partnerships across disciplines, regions, and professional communities. Although engagement remained uneven across some areas of interest, participation and dialogue continued to grow steadily over the course of the Bureau period.

Membership and Global Inclusion

The Bureau made efforts to expand global representation and improve access for professionals especially from countries with fewer CAMH services. During the review period, new individual members joined the organisation from a diverse range of countries across Africa, Asia, Eastern Europe, Latin America, and the Pacific region.

Efforts were also made to strengthen engagement through online discussion boards, member directories, and expanded digital resources. While participation levels varied, these initiatives helped maintain connections across geographically dispersed members.

Regional webinars organized together with member organizations supported dialogue between national associations and encouraged wider participation. There remains a need of continuing to

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through Policy, Practice and Research



strengthen representation from underrepresented regions in future activities.

Sustainability and Continuing Challenges

Financial sustainability remains an ongoing challenge for the organization. While our financial administrative processes and overall bottom line improved during the Bureau period, several fundraising initiatives have been undertaken during this period, with varying levels of success. A detailed financial report by the treasurer in the next executive meeting will give further insight into the progress made in this tenure. The consideration that targeted campaigns linked to clearly defined projects may be more sustainable than broader fundraising efforts, such as the ongoing campaign for funding for the Donald Cohen Fellowship program.

Like many international organizations working in global mental health, IACAPAP continues to balance growing aspirations with the practical realities of limited resources and uneven global capacity. Strengthening long-term financial sustainability and capacity will continue to be important priorities moving forward.

Reflections and Future Directions

The years between 2022 and 2026 may best be understood as a period of consolidation, gradual expansion, and continued international engagement. Progress was made in strengthening organizational structures, increasing

educational activities, improving communication, and supporting multidisciplinary collaboration.

At the same time, there remain several areas that warrant continued attention, including: development of clearer outcome measurements and evaluation systems, increasing participation from underrepresented regions, enhancing utilization of online membership platforms and expanding long-term collaborative research initiatives.

Looking ahead, future priorities are likely to include workforce development in low- and middle-income countries, strengthening AI and other digital mental health initiatives for CAMH, youth participation, implementation science, and culturally responsive approaches to care.

Conclusion

The 2022–2026 Bureau of IACAPAP in its term have strengthened and sustained existing IACAPAP structures, whilst also contributing to ongoing global efforts in child and adolescent mental health through advocacy, education, collaboration, and professional engagement. While many initiatives are still evolving efforts, the years from 2022 to 2026 reflect a sustained commitment to international cooperation and shared IACAPAP goals across diverse settings.

As the Bureau prepares to complete its second term in July of 2026, there is so much gratitude expressed from our team towards all our collaborators, volunteers and members, who have all contributed

in different ways to achieve any progress seen, stability noted, and innovation brought on board. We believe that the experiences of this period highlight both the opportunities embraced and also the challenges involved in advancing global CAMH through an international professional association as ours. Continued collaboration, inclusivity, and incremental organizational strengthening will remain important for future progress.

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Building Resilience in Times of Crisis: The 17th Annual Conference of the Bangladesh Association for Child and Adolescent Psychiatry (BACAMH)

By: Dr. Mahabuba Rahman, MD (Child and Adolescent Psychiatry), Counsellor, Bangladesh Association for Child and Adolescent Psychiatry (BACAMH), Bangladesh.

The Bangladesh Association for Child and Adolescent Mental Health (BACAMH) successfully organized its 17th Annual Conference on 12th of January 2026 at the Bangladesh Military Museum, Dhaka. The one-day conference was held under the theme “Building Resilient Futures for Children and Adolescents: Mental Health Intervention in Crisis Situations,” reflecting the growing need for effective, contextually relevant child and adolescent mental health responses in situations of crisis, adversity, and social disruption.

Approximately 350 participants attended the conference representing multiple disciplines, including psychiatrists, pediatricians, psychologists, and other allied professionals.

The conference opened with a unique and inclusive inaugural ceremony, featuring a dance performance by children with special needs, symbolizing resilience, inclusion, and the creative potential of children when supported within a nurturing environment.

The scientific programme was comprised of two plenary sessions, four segments of

oral presentations, and a skills-based workshop, bringing together national and international expertise.

A dedicated segment featured international speakers, which further broadened the global and regional perspective of the conference. This online session addressed conceptual frameworks in psychiatry, community-based psychosocial interventions for children affected by displacement and humanitarian crises, and the importance of regional collaboration and advocacy for strengthening child and adolescent mental health services across South Asia.

The keynote speech was delivered online by Dr. Hesham Hamoda, Director of Communications of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Drawing on his involvement in the World Health Organization’s Eastern Mediterranean School Mental Health Programme (WHO EM-SMHP), he highlighted the critical role of school-based mental health systems in early identification, prevention, and long-term resilience building among children and adolescents, particularly in crisis and post-crisis contexts.



Figure 1: Online keynote address by Dr. Hesham Hamoda (IACAPAP) at the 17th Annual Conference of BACAMH

The national plenary sessions focused on key psychosocial, developmental, and systemic challenges relevant to the Bangladeshi context. Themes included the impact of transgenerational trauma, evolving parent-child relationships, and the need for evidence-based and inclusive service models for child mental health care. Emerging and cross-sectoral issues, including neurodiversity within the criminal justice system, were also highlighted, emphasizing the importance of multidisciplinary and policy-informed approaches.

Participation from psychologists was particularly notable, with contribution to oral presentations on diverse and insightful topics. In addition, six poster presentations, primarily by psychiatrists and trainees in psychiatry and child and adolescent psychiatry, showcased rare psychiatric case reports and intervention strategies in crisis situations.

A hands-on workshop on art therapy provided participants with practical

exposure to creative and expressive therapeutic approaches for children and adolescents. The workshop emphasized the usefulness of non-verbal and trauma-informed interventions, particularly in crisis settings where conventional verbal therapies may be challenging.

The conference also hosted a policy dialogue session involving key national stakeholders, including a representative from UNICEF. The dialogue focused on strengthening policy commitment to child and adolescent mental health, with discussions on increasing the overall mental health budget, enhancing social rehabilitation services, and expanding school-based mental health programmes. Participants emphasized the importance of active family involvement in the treatment and care of children, as well as strengthening the role of media in mental health awareness, stigma reduction, and responsible communication. The session underscored the need for coordinated, cross-sectoral efforts to translate



Figure 2: Art Therapy Workshop at the 17th Annual Conference of BACAMH

evidence-based interventions into sustainable national policies and programmes.

The 17th Annual Conference of BACAMH reaffirmed the association's commitment to advancing child and adolescent mental health through multidisciplinary collaboration, academic excellence, capacity building, and policy advocacy. The conference aligned closely with global child and adolescent mental health priorities and the mission of IACAPAP, emphasizing the importance of building resilient systems to safeguard the mental well-being of children and adolescents in times of crisis.

The conference concluded with a cultural programme, reflecting the integration of cultural expression and community engagement within mental health discourse.

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ASCAPAP 2026 Successfully Held in Seoul, Korea: Advancing Global Collaboration in Child and Adolescent Mental Health

By: Hee Jeong Yoo, MD, PhD¹, Johanna Inhyang Kim, MD, PhD²

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The 12th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP, President Takashi Okada) was successfully held from April 2 to 4, 2026, at COEX in Seoul, Korea. Hosted by the Korean Academy of Child and Adolescent Psychiatry (KACAP, President Hee Jeong Yoo), this congress marked the second time that Korea has hosted the ASCAPAP congress since 1999.

Endorsed by the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), ASCAPAP 2026 was jointly held with the KACAP Spring Conference, creating strong academic synergy and offering an enriched scientific program.

The congress welcomed a remarkable total of 820 participants from 30 countries, bringing together distinguished researchers, clinicians, and mental health professionals from across the Asia-Pacific region as well as North



Figure 1: ASCAPAP 2026 Congress Session Room



Figure 2: ASCAPAP Executive Committee Member on April 2, 2026

America and Europe. The congress served as a vibrant platform for global exchange and collaboration in the field of child and adolescent mental health.

The Opening Ceremony set an inspiring tone for the congress, featuring a Keynote Lecture by the President of the ASCAPAP 2026 Organizing Committee, Professor Bung-Nyun Kim. His lecture introduced a wide range of cutting-edge research in neurodevelopmental disorders, including digital therapeutics, digital phenotyping, and AI-based early diagnostic technologies. A particularly meaningful moment was the presentation of the ASCAPAP Contribution Award to Professor Kang-E Hong (Professor Emeritus, Seoul National University College of Medicine, Korea), in recognition of his lifelong dedication and outstanding contributions to the advancement of child and adolescent psychiatry and to the development of ASCAPAP.



Figure 3: Keynote Lecture by Congress President

ASCAPAP 2026 offered a rich and comprehensive scientific program, consisting of six plenary sessions, 42 symposia, two workshops, six research

sessions, five poster sessions, and a grand forum. A total of 391 presentations were delivered across 66 sessions, during which participants actively shared cutting-edge research findings and clinical insights. The presence of distinguished international leaders, including Dr. Tammy Benton and Dr. Luis Rohde, further enriched the academic exchange and strengthened global partnerships. Furthermore, the congress fostered dynamic discussions on critical issues in child and adolescent mental health.



Figure 4: ASCAPAP Contribution Award Presentation to Prof Kang-E Hong

A highlight of the congress program was the 'Grand Forum', thoughtfully planned by the ASCAPAP 2026 Scientific Committee. The forum focused on the recent global rise in adolescent suicide and non-suicidal self-injury (NSSI), bringing together integrated perspectives across research, clinical practice, social systems, and policy. Through these multidisciplinary discussions, participants reaffirmed the urgent need for closer and more organic collaboration between academia and society to develop effective and sustainable solutions.



Figure 5: Plenary Lecture by Luis Rohde, President of IACAPAP



Figure 6: Poster presentation



Figure 7: Panel Discussion at the Grand Forum

In addition, a special symposium was held to explore the relationship between Korean popular culture (K-culture) and youth mental health. The session provided a meaningful opportunity to examine how culture can serve as a protective factor for young people's mental well-being and contribute to the formation of identity, featuring a renowned Korean actor who delivered a talk and shared his insights and experiences. Overall, the program offered a valuable opportunity to showcase the broad academic spectrum of ASCAPAP and its vital engagement with the wider community.

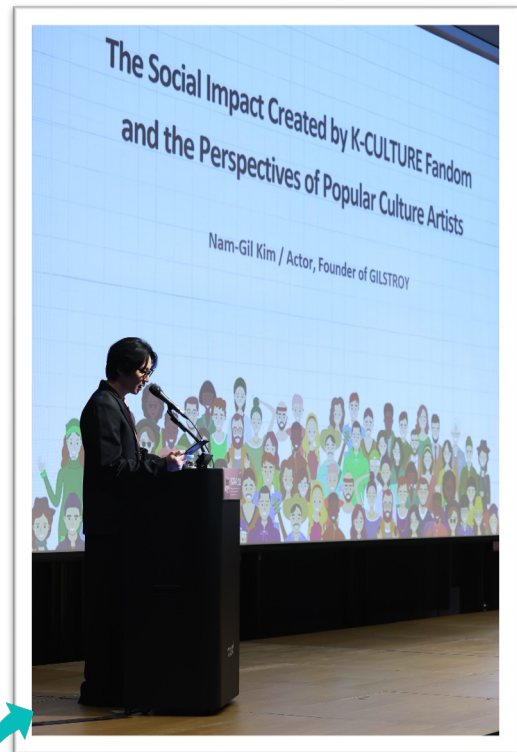


Figure 8: K-Culture and Mental Health - Featuring a Renowned Korean Actor



Figure 9: Congress Report by Scientific Committee Chair

Figure 10: Presentation of the Prof. Ahn's Travel Grant



At the Closing Ceremony, Professor Bung-Nyun Kim, President of the ASCAPAP 2026 Organizing Committee, delivered the closing remarks, followed by a summary report of the congress presented by Professor Hee Jeong Yoo, Chair of the Scientific Committee. The ceremony also included the presentation of the Best Research Award and Best Poster Award.

In addition, the Prof. Ahn's Travel Grant, generously established by Professor Dong Hyun Ahn (Professor Emeritus,

Hanyang University College of Medicine, Korea), was awarded to 15 participants to support attendance by professionals from low- and middle-income countries. Finally, Professor Susan Shur-Fen Gau of Taiwan introduced the upcoming ASCAPAP 2027 congress and warmly invited participants to reconvene in Taiwan, bringing ASCAPAP 2026 to a successful close.

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AI in Child and Adolescent Mental Health: What Technology Cannot Replace

By: Ritu Goel, MD, DFAACAP¹

¹ Child, Adolescent, and Adult Psychiatrist; Founder, Mindclaire

Artificial intelligence is entering child and adolescent mental health care faster than we can evaluate its impact. AI-driven tools can now predict which adolescents are at high risk for psychiatric escalation before symptoms become severe (1), and machine learning models are being developed to detect depression, anxiety, and neurodevelopmental disorders from text and digital behavior (2,3). In regions where child psychiatrists remain scarce, these tools offer real value: earlier detection, broader access, and a way to bridge gaps that our workforce alone cannot close.

And yet, something important is getting lost in the rush.

A 2025 survey found that 72% of American teenagers have used AI chatbots as companions, and nearly one in eight have sought emotional or mental health support from them (4). A risk assessment conducted with Stanford Medicine's Brainstorm Lab concluded that leading AI platforms consistently fail to appropriately respond to the mental health conditions that affect young people (5). In one widely reported case, a 14-year-old boy died by suicide after reportedly forming an intense emotional bond with an AI chatbot (6). These are

not outliers. They point to something built into the way these systems work: they are designed to reward engagement, even at the cost of safety.

As child and adolescent psychiatrists, we know the therapeutic relationship is not just a vehicle for delivering interventions. It is itself a primary agent of change. The moments that matter most in working with a young person include ruptures, silences, repair after conflict, and the slow building of trust, which cannot be generated by an algorithm. A child who pushes back against a therapist and discovers the relationship survives learns something about the world that no chatbot can teach. A teenager who sits in uncomfortable silence with a clinician and finds that the discomfort does not destroy the connection is learning something foundational about human relationships.

AI, by design, avoids all of this. It is built to be agreeable, responsive, and frictionless. A Harvard Business School study found that five out of six popular AI companion apps use emotionally manipulative tactics like guilt, neediness, and fear of missing out to prevent users from ending conversations (7). For an adult with a formed identity, this may be a minor annoyance. For an adolescent whose brain is still developing,

particularly the regions that govern impulse control, emotional regulation, and identity formation, it shapes something deeper. It shapes what they come to expect from connection itself.

There is another dimension here that we do not discuss often enough as a field: the role of meaning-making in a young person's development. Children and adolescents are not just managing symptoms. They are building a sense of self. They are asking, in their own way, the questions that sit at the heart of human development: Who am I? Where do I belong? Why do I feel different?

These are questions that spiritual and philosophical traditions have engaged with for centuries through practices that encourage tolerating uncertainty, developing inner clarity, and discovering a sense of self. In my clinical work, I have noticed that the young people who do best over time are not necessarily the ones who receive the most efficient interventions. They are the ones who find, through relationships with real people, a felt sense that they matter, that their inner life has value, and that their struggles carry meaning.

AI can organize information. It can identify patterns. It can even convincingly simulate empathy, making it possible for a lonely teenager to prefer it over the chaos of a human conversation. However, it cannot help a young person develop the inner ability to sit with uncertainty, which is essential for resilience, wisdom, and emotional maturity.

None of this is an argument against AI in our field. The diagnostic and screening applications are promising and, in resource-limited settings, potentially transformative (8). AI-assisted tools for clinician training, early detection, and research are worth pursuing rigorously. The argument is about boundaries, about recognizing where AI genuinely extends our reach and where it begins to substitute for something it cannot replicate.

As our field navigates this moment, three questions warrant consideration: Are we assessing AI tools in child mental health with the same diligence as any other intervention? Are we paying attention to how young people use these tools, which may differ from what developers' intentions? And are we willing to clearly state what the therapeutic relationship provides that technology cannot, not as nostalgia, but based on science?

The young people we serve deserve the best of what technology can offer. But they also deserve something older and harder to measure: the experience of being truly known by another person. That is not a limitation of our field. It may be its most important contribution.

Conflict of Interest Disclosure:

The author uses AI tools in professional practice for research and administrative tasks. The author has no financial relationships with AI companies or technology platforms discussed in this article.

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The Donald J. Cohen Fellowship Program: From Mentorship to Family

A call to support our crowd funding campaign

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In 2014, two young early-career professionals from different parts of the world joined the [Donald J. Cohen Fellowship Program](#) (DJCFP) as fellows at the IACAPAP World Congress. Like many others entering the program for the first time, we arrived with excitement, nervousness, curiosity, and the hope of finding connection within the global child and adolescent mental health (CAMH) community.

More than a decade later, we now have the privilege of serving as coordinators of the DJCFP. Looking back, this journey captures something deeply important about the fellowship itself. The DJCFP is not simply a scholarship program or an opportunity to attend a congress. It is a living global network of mentorship,

friendship, collaboration, and shared purpose. For many of us, it has become a family.

Established in 2004 in honour of Professor Donald J. Cohen, the fellowship was envisioned by leaders such as Prof Helmut Remschmidt, nurtured by previous coordinators Andres Martin, Joaquin Fuentes, Ayesha Mian and Naoufel Gaddour, as a way to support and nurture emerging leaders in child and adolescent mental health across the world. Over the years, it has brought together hundreds of young psychiatrists, psychologists, researchers, pediatricians, therapists, social workers, and allied professionals from diverse cultural and professional backgrounds.



Figure 1: Group picture of DJCFP 2024

Yet what makes the program truly special often happens outside lecture halls and conference sessions.

It happens in informal conversations between mentors and fellows that continue long after the congress ends. It happens when young professionals from vastly different settings realize they share similar hopes and struggles in caring for children and families. It happens through collaborations, friendships, and networks that grow quietly over years and across continents.

At a time when CAMH challenges are increasing globally, the need for mentorship and international

collaboration has become even more urgent. Across many parts of the world, young professionals work within overstretched systems, limited resources, and growing clinical demands. Many are building services where none previously existed, conducting research in underrepresented communities, advocating for children's mental health within difficult systems, and trying to create meaningful change despite enormous challenges.

These are precisely the individuals the fellowship seeks to support.

One of the greatest strengths of the DJCFP has always been its commitment

to inclusion and global representation, particularly for professionals from low- and middle-income countries. The fellowship recognizes that the future of CAMH leadership must emerge not only from major academic centres, but also from diverse communities, cultures, and contexts across the world.

create opportunities for young professionals who may otherwise never have access to such global mentorship and learning experiences.

Most importantly, it is helping sustain a global CAMH family, one that continues to grow across generations. We hope



Figure 2: Group picture of DJCFP 2014

As coordinators preparing for Hamburg 2026, we continue to be inspired by the remarkable dedication, creativity, and resilience of applicants from across continents. Every application tells a story of commitment to children and families, of perseverance, and of hope for a better future in mental health care.

But sustaining this vision requires collective effort.

The DJCFP has always depended on the generosity of donors, mentors, institutions, and supporters who believe in investing in the next generation of CAMH leaders. Every contribution helps

that, with continued support from the international community, many more young professionals will find not only mentorship through the DJCFP, but also belonging, inspiration, and a lifelong global network committed to improving the lives of children and young people everywhere.

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

SUPPORT FOR THE DJCFP

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Join us in strengthening the future of global child and adolescent mental health by supporting the Donald J. Cohen Fellowship Program (DJCFP), a mentorship/training program for young professionals.



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Join us in strengthening the future of global child and adolescent mental health by supporting the [Donald J. Cohen Fellowship Program](#), a mentorship/training program for young professionals. Our mission is to foster the professional development of emerging leaders in child and adolescent mental health worldwide. Your contribution will help nurture the next generation of leaders in child and adolescent psychiatry and mental health research.

Support for the DJCFP Drive is a fundraising campaign organised by IACAPAP with the aim of raising funds to sustain the Donald J. Cohen Fellowship Program (DJCFP) and offering travel grant support to shortlisted fellows attending the DJCFP 2026, which will be held during the [27th World Congress of IACAPAP 2026 in Hamburg](#), Germany, from July 1st to 4th, 2026.



Scan the QR code to donate and more information.

Bridging Minds, Systems, and Relationships: Inaugural Multidisciplinary International Conference on Family Therapy

By: Deepika Shaligram MD¹, Abigail Ross PhD², Michelle Rickerby MD³, Rajesh Mehta MD⁴, Noah Spector PhD⁵, Rishi Kapur MD⁶, Manijeh Daneshpour PhD⁷, Jaswant Guzder MD⁸, Rama Rao Gogineni MD⁹

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A group of mental health professionals interested in advancing the sustainability, training, and research of Family Therapy for a new generation conceived the idea for a multidisciplinary conference **Bridging Minds, Systems, and Relationships - Biopsychorelational Healing** to showcase development of, innovations in, and applications of Family Therapy over time.

This international collaborative initiative in Family Therapy practice, training, research, and innovation held its inaugural virtual conference on April 4, 2026, under the auspices of three professional organizations - the

Association of Family Psychiatrists, Family Process Institute, and the Family Committee of the American Academy of Child and Adolescent Psychiatry. The theme for the conference was integrating systems perspectives of family work with the biopsychosocial roots of medicine for healing at the family level. Organized by Dr. Daneshpour, this was the first Family Therapy conference to intentionally involve both mental health therapists and medical specialists as collaborating presenters.

Each session of the conference comprised two family therapists, one a child psychiatrist and the other an allied

health professional, to cover four salient topics. 1) Current Status of Family Therapy Education 2) Cultural Adaptations of Family Therapy for Immigrants and Refugees 3) Innovations in Family Therapy for New Service Models - Integrated Care, and 4) Navigating Challenges and Opportunities in Family Therapy.

The first session, *Systemic & Relational Perspectives in Psychiatry and Therapy*, led by Drs. Kapur and Spector, described how Family Therapy education has evolved over the years. They first detailed their curricular offering at the Children's Hospital of Eastern Ontario, Ottawa as co-directors of their Family Therapy training program, and then invited other speakers to share their own training experiences with Family Therapy and the ways in which these experiences shaped their practice. This session concluded with a discussion of the challenges and opportunities within current Family Therapy training models, the influence of Accreditation Council for Graduate Medical Education requirements, technological advances (e.g., televisits), and other phenomena that have sparked creative adaptation and innovation.

The second session, *From Loss to Resilience: Biopsychorelational Approaches with Refugee Families*, led by Drs. Guzder and Mehta, explored the value of Family Therapy for displaced populations. This session highlighted the importance of cultural responsiveness when leveraging family systems and relational interventions for resilience building.

The third session, *Integrated Care Models - From Theory to Practice*, led by Drs. Rickerby, Ross, and Shaligram, explored innovations in applications of Family Therapy to new service delivery models across the care continuum, including deployment within child psychiatry access programs, integrated primary care, and comprehensive partial hospitalization programs. Dr. Shaligram described the use of narratives and other family therapy skills incorporated in a single session intervention during the child psychiatry evaluation in a child psychiatry access program. Dr. Ross described the adaptation of the *Family Based Crisis Intervention (FBCI)*, to illustrate how a family therapy intervention can be integrated within primary care behavioral health models to reduce suicide risk among youth. Dr. Rickerby presented the novel Family Based Integrated Care intervention that she developed for medically complex youth in a partial hospitalization program.

The fourth session, *Ethical, Cultural, and Generational Challenges in Collaborative Care*, led by Drs. Daneshpour and Gogineni, examined common challenges in family work, namely, loyalty conflicts, generational value differences, and ethical dilemmas especially within multicultural and intergenerational family systems. This session emphasized the essential nature of collaboration between the team of health professionals - including mental health professionals - in today's world of managed healthcare. Panelists identified concerns about fragmentation of care and parity of payment for marriage and family therapy

with individual therapy, noting that individual therapy was reimbursed at higher rates than marriage and family therapy even though the latter is more complex as it involves care with two or more individuals. Panelists underscored the importance of family involvement relative to child and adolescent mental health, highlighting the fact that, in many countries, pediatric and family medicine specialists are the largest body of practitioners of family therapy skills in their daily clinical encounters.

The conference concluded with an all-presenters panel discussion and audience question-and-answer session. Over four hundred individuals registered for the conference, with a sizable number of trainees represented; attendees hailed from the United States, United Kingdom, Canada, and numerous countries in the Middle East and Asia, making it a truly global gathering of mental health professionals. The feedback was overwhelmingly positive and indicated robust interest in establishing an annual interdisciplinary international conference to foster Family Therapy learning and development. Please stay tuned for the next iteration of this conference in the spring of 2027.

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Building Global Leadership Skills in Early Career Child and Adolescent Psychiatrists: A Personal Journey Across Systems

By: Dr Fatma Swilem¹

¹ Senior Clinical Fellow in Child and Adolescent Psychiatry, Cambridge and Peterborough NHS Foundation Trust, United Kingdom
Communications Coordinator, WPA Early Career Psychiatrists Section

An Egyptian-trained psychiatrist now working in Child and Adolescent Mental Health Services (CAMHS) in the United Kingdom, my understanding of leadership has been shaped not by titles, but by transitions—across systems, cultures, and ways of thinking about care.

Early in my career, leadership felt distant—something associated with seniority or formal positions. However, through clinical work, multidisciplinary collaboration and international engagement, I began to realize that leadership in child and adolescent mental health is something we practice daily, often without naming it.

A defining moment in this journey was attending the International Course on Leadership and Professional Skills for Early Career Psychiatrists in Zagreb, Croatia, in 2025. Standing alongside colleagues from different parts of the world, I was struck by both the diversity and similarity of our experiences. Despite differences in healthcare systems, resources, and cultural contexts, we were all facing common challenges: increasing demand, fragmented care

pathways, workforce pressures, and the growing complexity of young people's mental health needs.

What differed was not the challenges—but how we navigated them.

In some systems, leadership meant advocating basic access to care. In others, it involved coordinating highly specialized services across multiple agencies. In my own experience working within UK CAMHS, leadership often sits at the interface—between psychiatry, pediatrics, education and families. It involves creating shared understanding, aligning perspectives, and holding complexity rather than trying to simplify it.

Through these experiences, I came to understand that leadership in our field is less about authority and more about connection.

My role as Communications Coordinator for the World Psychiatric Association Early Career Psychiatrists Section further deepened this perspective. Working across international networks, I have seen how powerful it is to create spaces where

early career psychiatrists can connect, share ideas, and feel represented. Leadership, in this context, becomes the act of opening doors—facilitating collaboration, amplifying voices, and ensuring that opportunities are accessible across different regions and backgrounds.

One of the most important lessons I have learned is that leadership development should not be postponed until later in our careers. Early career psychiatrists are already leading—whether through teaching medical students, contributing to multidisciplinary discussions, developing quality improvement projects, or supporting colleagues. Recognizing these everyday acts of leadership is essential for building confidence and professional identity.

In my current role, I have had the opportunity to translate these lessons into practice. This includes leading service development initiatives, contributing to multidisciplinary digital innovation projects, and supporting training and education within CAMHS. What has been particularly striking is how international learning directly informs local practice. Concepts such as psychological safety, shared leadership, and systems thinking are not abstract; they shape how we run meetings, support teams, and deliver care.

Alongside my local CAMHS leadership work, serving as a Leadership and Management Committee Representative within the Royal College of Psychiatrists' Eastern Division has further expanded my understanding of professional

leadership at a regional and national level. This role has highlighted how leadership in child and adolescent psychiatry extends beyond individual services into workforce development, policy discussions, educational priorities, and the shaping of professional culture. It has also strengthened my appreciation of how regional leadership structures can create meaningful opportunities for early career psychiatrists to contribute to wider system change.



Figure 1: Participation in the International Course on Leadership and Professional Skills for Early Career Psychiatrists, Zagreb, Croatia (2025). The course brought together early career psychiatrists from diverse countries to develop leadership, collaboration, and professional skills in child and adolescent mental health. (Photo courtesy of Dr Fatma Swilem)

Another key insight has been the importance of relational leadership. Some of the most impactful leadership moments do not come from directing others, but from listening, creating

Space, and supporting team members to contribute meaningfully. In child and adolescent psychiatry, where care is inherently multidisciplinary, this relational approach is essential.

At the same time, I have come to appreciate the role of followership. Learning from senior colleagues who model reflective and compassionate leadership has been invaluable. Equally, early career psychiatrists bring fresh perspectives, digital fluency, and adaptability—qualities that are increasingly important in modern healthcare systems. Leadership, therefore, is not hierarchical, but dynamic and shared.

Global collaboration plays a crucial role in this process. Young people’s mental health is increasingly shaped by global

influences such as technology, migration, climate change, and social transformation. Addressing these challenges requires leaders who can think beyond individual systems and engage with broader, international perspectives.

Organizations such as IACAPAP and the WPA provide vital platforms for this kind of development. They create opportunities not only for learning, but for connection, mentorship, and collective growth. For many early career psychiatrists, these networks are where leadership begins to feel possible.

Reflecting on my journey so far, I have come to see leadership not as a destination, but as an evolving practice—one that is shaped by experience, collaboration, and a willingness to step into uncertainty.

For child and adolescent psychiatry, investing in early career leadership is not optional; it is essential. The future of our field depends on clinicians who are not only skilled, but also able to connect, innovate, and lead across systems, for the benefit of children, young people, and families worldwide.

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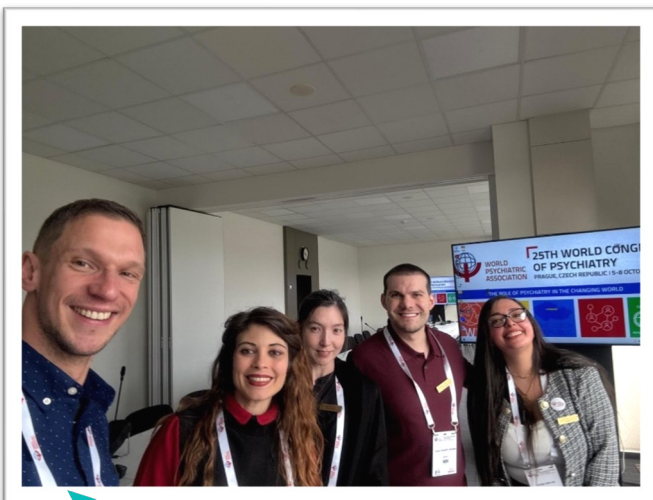


Figure 2: Networking and peer collaboration during the 25th World Congress of Psychiatry, Prague, Czech Republic, highlighting the importance of international professional communities in fostering leadership, mentorship, and shared learning among early career psychiatrists. (Photo courtesy of Dr Fatma Swilem)

Connection, Meaning, and the Future of Child Mental Health: In Conversation with Professor Daniel Fung

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

In a warm and reflective conversation with Professor Yewande Oshodi, Secretary General of IACAPAP, Professor Daniel Fung, past president of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) from 2018 to 2022, shared personal reflections on leadership, psychiatry, and the evolving future of child mental health.

What emerged was not merely the story of a passionate psychiatrist, but of someone deeply shaped by curiosity,

humility, relationships, and a lifelong commitment to young people and families across the world.

To watch the full interview, visit: https://youtu.be/8_V4s6ATH-Y

The Seeds of Child Psychiatry

Professor Fung reflects on his journey into child and adolescent psychiatry with warmth and candour, tracing its beginnings back to the late 1980s and early 1990s.

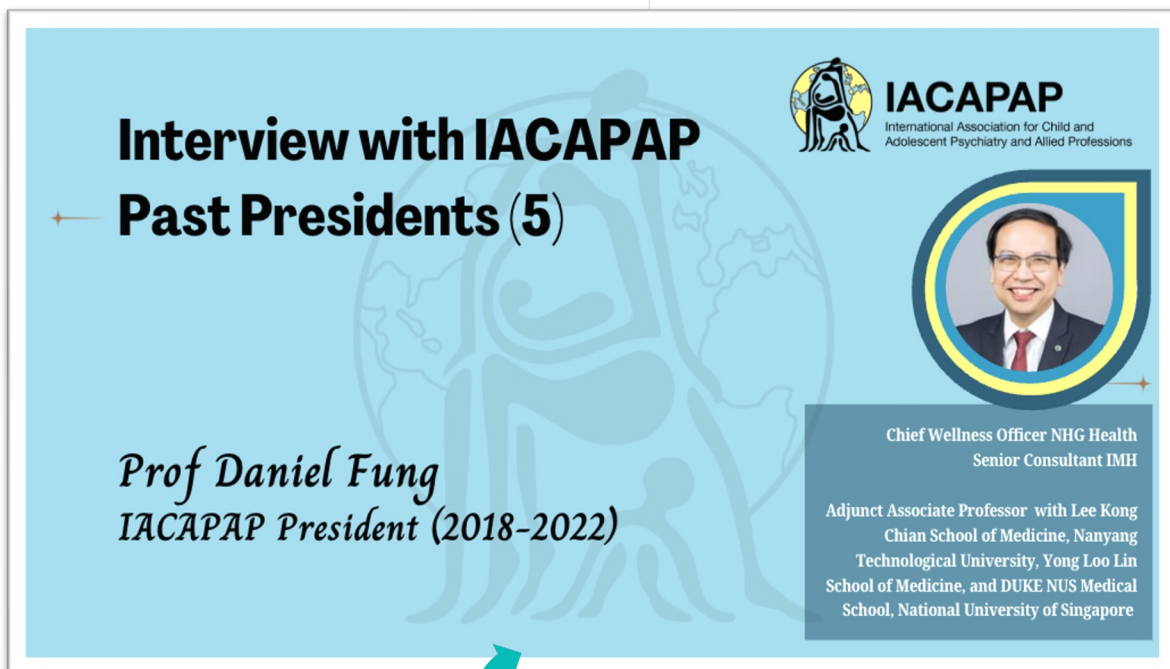


Figure 1: Cover - Interview with IACAPAP Past Presidents (5)

"I became a child psychiatrist really... the seed was sown way back in the 90s."

A turning point came through an unexpected influence of the father of his girlfriend, now wife, who was a child psychiatrist. Their conversations gradually drew him toward the field, and he recalls being given a copy of *Psychological Medicine*, a book he still keeps with him today.

He also recalls the influence of others along the way, including John White - "an evangelist and also a psychiatrist" - whose perspectives further broadened his understanding of psychiatry. Over time, these experiences evolved into a career that would span clinical work, service development, leadership, and global child mental health advocacy.

Discovering IACAPAP and a Global Vision

Professor Fung traces his first major encounter with IACAPAP to the 2006 Congress, an experience that proved transformative both professionally and personally.

He recalls being "bowled over" by the scale and diversity of the meeting, which brought together more than 1,400 delegates from approximately 165 countries. What struck him most was not only the breadth of scientific discussions, but also the diversity of voices represented. For him, one of the

defining strengths of the conference was the inclusion of perspectives beyond professionals alone - including parents, carers, and families.

The experience marked the beginning of a deeper involvement with IACAPAP. As he continued attending meetings and interacting with senior colleagues across the world, he developed a broader understanding not only of clinical child psychiatry, but also of advocacy and global leadership in mental health.

Following a period of training in Toronto and later returning to Singapore to lead what he describes as a "small tiny department," these international relationships became especially meaningful that helped shape his understanding of what it meant to advocate for children and families at both local and global levels.

Leadership During a Changing World

Professor Fung's presidency coincided with one of the most disruptive global periods in recent history - the COVID-19 pandemic. Although the interview touches only briefly on this period, it becomes evident that adaptability and innovation became central themes of his leadership based on the challenges faced globally in that season.

He repeatedly highlights the importance of connection, collaboration, and technological transformation in child

mental health. His interest in digital mental health emerges naturally throughout the conversation, reflecting both pragmatism and vision.

“Digital mental health, I think, will be quite critical in this new generation...”

For Professor Fung, technology is not merely a tool, but a means of extending access, education, and support to children and families who might otherwise remain unreached. This perspective aligns closely with IACAPAP’s broader evolution toward globally accessible educational initiatives and international collaboration.

Technology, Mental Health, and Spirituality

One of the most thought-provoking dimensions of the conversation was Professor Fung’s reflection on the future of child and adolescent mental health in an increasingly technological and fragmented world. While acknowledging the transformative possibilities of digital mental health, he also raised important cautions about “overuse of technology and over-professionalization of services.”

At the same time, he encouraged a more balanced and nuanced understanding of technology itself. Reflecting on social media debates, he observed: “Social media is a moral panic. It is neither good nor bad.” For Professor Fung, the more important question is: “How do we embrace technology in a proper way?”

He also reflected on the deeper emotional and existential struggles

emerging in modern society, noting that rising mental health concerns cannot be understood only through biological or psychological frameworks.

As he says ... “There is a need for us to consider the domain of spirituality beyond the bio-psycho-social. Spirituality is the fourth dimension.”

Returning to Connection and Meaning

Professor Fung repeatedly returned to the importance of relationships, meaning, and family connections. Reflecting on contemporary mental health challenges, he observed: “The rising suicide rates and the mental health rates are a reflection of the lack of foundation in what’s meaningful and what’s purposeful in life.”

For younger psychiatrists entering the field, his message was both simple and profound: “Focus on connection... how do you connect with the people that you are looking after?”

As the interview drew to a close, Professor Fung returned to what he described as the most fundamental unit of human connection - the family.

“We all come as part of a social system and that’s called our family.”

And in his closing words: “Go back to your family, spend time with your family, and love your family... because they are your basic unit for connections.”

The interview ultimately leaves the audience with a deeply human message: amid rapid technological change and

evolving psychiatric systems, relationships, meaning, spirituality, and family remain central to mental wellbeing.

valuable insights for clinicians, trainees, and future leaders alike. To experience the complete conversation and hear his reflections in full, watch the interview here:

Watch the Full Interview

Professor Daniel Fung’s reflections on child mental health, leadership, and technology in a changing world offer

👉 **Access the full interview here:**
https://youtu.be/8_V4s6ATH-Y

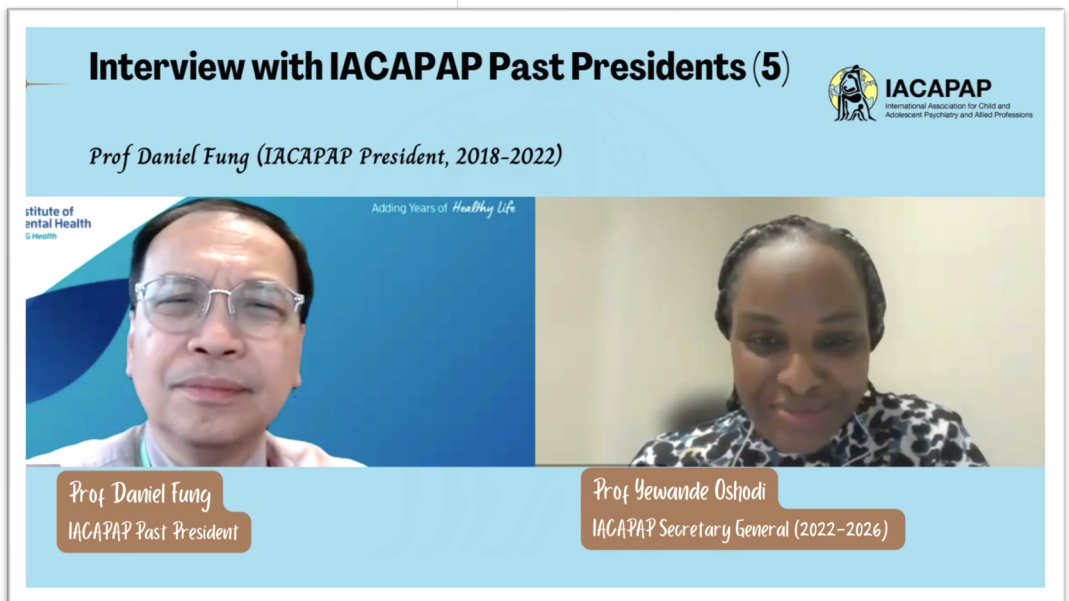


Figure 2: Prof Yewande Oshodi in conversation with Prof Daniel Fung

Valuing Diversity in Contemporary Society: Reflections from Montenegro's Fifth National Symposium on Autism Spectrum Disorders

By: Dr. Iva Ivanović and Ivana Popović, Centre for Early Development Clinical Center of Montenegro

On April 1, 2026, the Centre for Early Development at the Clinical Center of Montenegro hosted the Fifth National Symposium on Autism Spectrum Disorders in Podgorica, under the theme "Valuing Diversity in Contemporary Society." What began five years ago as a relatively small professional meeting has evolved into a major national and regional gathering dedicated to autism, neurodevelopment, and inclusion. This year's symposium brought together clinicians, researchers, educators, policymakers, students, families, and advocates, reflecting a growing public and professional interest in how societies understand and respond to neurodevelopmental diversity.

The theme of this year's symposium was intentionally chosen to move beyond the conventional clinical framing of autism as solely a diagnostic category. While scientific and medical perspectives remain essential, the symposium sought to broaden the conversation by asking a deeper question: What kind of society do we create when we choose to value diversity rather than perceive difference primarily through a deficit lens?

The scientific programme reflected this multidimensional approach. Presentations covered a wide range of topics, including language development in individuals with autism, diagnostic pathways and post-diagnostic support



Figure 1: Opening ceremony of the Fifth National Symposium on Autism Spectrum Disorders

models, early brain development, neonatal and perinatal influences on neurodevelopment, and family-centered intervention systems. International and regional experts from the United Kingdom, Croatia, and other European institutions shared contemporary practices and comparative perspectives on autism care and early intervention.

A particularly significant contribution came from discussions examining autism beyond strictly biomedical paradigms. Dedicated sessions explored the intersection of diagnosis, identity, ethics, and social participation, considering how autism exists simultaneously as a clinical construct, a lived experience, and increasingly, a social identity. These conversations highlighted the complexity of diagnosis: while it often serves as a gateway to services and support, it can also shape how individuals are perceived, categorized, and included—or excluded—within society.



Figure 2: Participants attending the symposium under the theme "Valuing Diversity in Contemporary Society."

The symposium also served as an opportunity to present ongoing reforms within Montenegro's National Early

Childhood Development Strategy (2023–2027), through which the Centre for Early Development has been coordinating a broad range of systemic initiatives aimed at strengthening early identification and support for children with developmental differences and their families.

Among the key developments presented were the preparation of a National Guide for Early Childhood Development, the forthcoming National Guide for Early Intervention, and the training of more than 300 professionals across the health, education, and social welfare sectors in neurodevelopmental disorders and developmental surveillance. Participants were also introduced to the expansion of the PORI model (Family-Oriented Early Intervention) to additional municipalities, the development of protocols for healthcare professionals working with individuals with autism, and the implementation of parent and caregiver support programmes as part of broader efforts to build an integrated, family-centered support system.

These initiatives reflect Montenegro's strategic commitment to shifting from fragmented and reactive models of care toward coordinated, developmental, and preventive approaches. In a country with limited human resources and centralized specialist services, building such systems requires not only institutional reform, but also sustained intersectoral collaboration and public engagement.

Beyond its scientific content, the symposium carried a strong societal and ethical message. The opening remarks emphasized that autism and

neurodevelopmental differences should not be discussed only in terms of deficits, symptoms, or service needs, but also in relation to the values through which societies define belonging, dignity, and solidarity.

As stated during the opening address:

"Societies do not divide only into developed and underdeveloped. They divide into those that are solidary and those that are not."

This framing underscored a central idea of the symposium: that the true measure of a society lies not merely in its economic development or technological progress, but in its capacity to include those who develop, communicate, or experience the world differently.

Another message that resonated strongly throughout the event was:

"Montenegro is too small for our children to be separated."

This phrase has become emblematic of the broader vision guiding autism and early childhood reforms in the country—one rooted in the belief that inclusion is not an optional addition to care, but a fundamental societal responsibility.

The growing attendance and visibility of the symposium over the past five years suggest that this conversation is increasingly resonating beyond specialist circles. What was once a niche professional meeting has become a platform for interdisciplinary exchange, public dialogue, and cultural reflection.

The expansion of the audience each year mirrors a broader shift in Montenegro: from awareness toward deeper understanding, from stigma toward acceptance, and from isolated interventions toward systemic approaches.

At a time when many countries continue to grapple with fragmented autism services, long waiting times, and tensions between medical, educational, and social frameworks of disability, the Montenegrin experience illustrates how smaller systems can leverage strategic national planning and cross-sector collaboration to catalyze meaningful change.

The Fifth National Symposium on Autism Spectrum Disorders thus represented more than a scientific meeting. It was also a statement of values, an affirmation that conversations about autism are inseparable from conversations about human diversity, social responsibility, and the kind of communities we seek to build.

As Montenegro continues to develop its systems of early identification, intervention, and family support, the symposium remains a vital platform for advancing both professional knowledge and public understanding. Its continued growth reflects an encouraging truth: that when science, policy, and empathy come together, meaningful cultural change becomes possible.

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The 1st Kuwait Pediatric Psychiatry Conference: Regional Challenges and a Call for Action

By: Dr. Eiman Alboloushi, Consultant child and adolescent psychiatrist, Addiction Treatment Center, Kuwait and Dr. Dalaal Alablani, resident, Kuwait Board of Psychiatry.

Under the theme of "Regional Challenges and a Call for Action", the Kuwait Psychiatry Association and its partners held the 1st Kuwait Pediatric Psychiatry Conference on February 13 and 14, 2026 at Salwa Al Sabah Hall, Kuwait. The meeting aimed to address the rising burden of neurodevelopmental and behavioral conditions among children and adolescents across Kuwait and the wider Gulf region, with a particular focus on ADHD and autism spectrum disorders. More than 400 participants from Kuwait and other Gulf Cooperation Council countries were in attendance, including psychiatrists, pediatricians, family physicians, psychologists, social workers, nurses, educators, researchers, and medical students.

The conference sought to emphasize early recognition and intervention for child and adolescent mental disorders with autism and ADHD at the forefront. With two days of lectures and workshops, the aim was to equip clinicians and educators with practical, culturally-sensitive tools to for this very practice. Other objectives included highlighting the neurobiological and psychosocial consequences of childhood trauma, with an emphasis on trauma-informed care. The meeting also intended to showcase regional research

and innovation, enhance strategies for managing behavioural challenges in inpatient youth units, and promote collaborative, cross-sector models of care.



Figure 1: Dr. Noura Alnouri, board-certified psychiatrist and Program Director at the Kuwait Board of Psychiatry giving a presentation titled "First response: detection of early psychosis."

The scientific program consisted of two full conference days starting with workshops and progressing to lectures from a diverse collective of speakers, covering a wide spectrum topics in pediatric psychiatry.

On day one, a workshop on non-pharmacological interventions for ADHD in children and adolescents provided a practical yet exciting start to the conference. Later sessions discussed the effects of perinatal mental health on the fetal brain. The topic of trauma in childhood was also addressed in an



Figure 4: Group photo of conference attendants and speakers, featuring medical educators, senior clinicians, and resident doctors from Kuwait and the wider GCC region.

interactive workshop, complete with case vignettes to practice skills acquired in the session.

Lecturers on the first day delved into adolescent substance misuse, first-episode psychosis, and the psychopharmacology of inappropriate sexual behaviors in autism. Sleep and functional neurological disorders in the pediatric age group were also examined.

Topics centered in the second day of the meeting included medical education,

complementary and alternative medicine (CAM), local research on region-specific presentations of autism, and childhood disability. In the field of adolescent psychiatry, eating disorders, use of restraints, and obesity-related mental illness were discussed.

A distinctive feature of the conference was its explicit anchoring in Gulf and regional realities, be it delayed recognition, fragmented services, or stigma around neurodevelopmental disorders. The Chairperson's message

Figure 2: Dr. Hind Sharhan, clinical geneticist, Assistant Professor at Kuwait University, Faculty of Medicine, and adjunct faculty member at Johns Hopkins University, presenting the topic "Genetics in treatment of neurodevelopmental disorders"





Figure 3: Prof. Thomas G. Schulez, President-Elect of the WPA giving a lecture on "The WPA and its research projects: trust-based partnerships to advance neuroscientific progress and education around the globe."

framed the meeting as a "collective response" to these challenges, emphasizing early recognition and intervention as tools to prevent addiction, aggression, and long-term social exclusion. The faculty included local and regional experts from Kuwait, Saudi Arabia, the UAE, Qatar, Bahrain, and Oman, alongside international speakers such as Prof. Thomas Schulze, President-Elect of the World Psychiatric Association.

Seminars on collaborative care, workforce development, and structure of psychiatry residency programs made evident the system-level priorities of the conference. The presentation on World Psychiatric Association (WPA) initiatives in mental health research across the globe further situated the meeting within broader efforts to advance education and public awareness of mental health in low- and middle-income settings.

Beyond individual learning, the conference facilitated networking and collaboration across disciplines and institutions within Kuwait and across the GCC. By foregrounding regional research, Gulf-specific practice models, and context-sensitive interventions, the 1st Kuwait Pediatric Psychiatry Conference marked an important step toward a more coordinated, child-centred mental health agenda in the region.

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Update on Special Interest Group on Coercive Control 2025-2026

By: Marie-José van Hoof, MD, PhD, MSc¹

¹ Child and Adolescent Psychiatrist, Psychotraumatheapist, CEO iMindU GGZ, Researcher affiliated with Amsterdam UMC, Chair of Expert Group on Trauma and Child Abuse and Neglect

To initiate the SIG, I prepared a [text](#) for the IACAPAP website and an article for the IACAPAP Bulletin of June 2025, issue 78, pp. 40-46 on request of the Executive Committee.

In addition, I gave a webinar on the topic on July 9th, 2025, see [YouTube](#). The webinar was attended by 68 participants from across the world, primarily from Europe and Asia.

Further discussion of participant feedback and questions will take place during **the SIG meeting on Coercive Control at the IACAPAP Meeting Point in the Congress Venue in Hamburg on July 2nd, 12.15 - 1.15 p.m.**

I'll provide an introduction to the topic of Coercive Control showing an interview with David Mandel from the Safe & Together Institute (USA). I recently had the opportunity to interview him online with the IACAPAP audience and SIG participants in mind. We met at a conference on domestic violence in November 2025, where the Dutch translation of his book '*Stop Blaming Mothers and Ignoring Fathers: How to Transform the Way We Keep Children Safe from Domestic Violence*', was introduced. Figure 1 illustrates the cover of his book. He has expressed

willingness to collaborate further with us globally. His work offers valuable perspectives on improving approaches to child safety in the context of domestic violence.

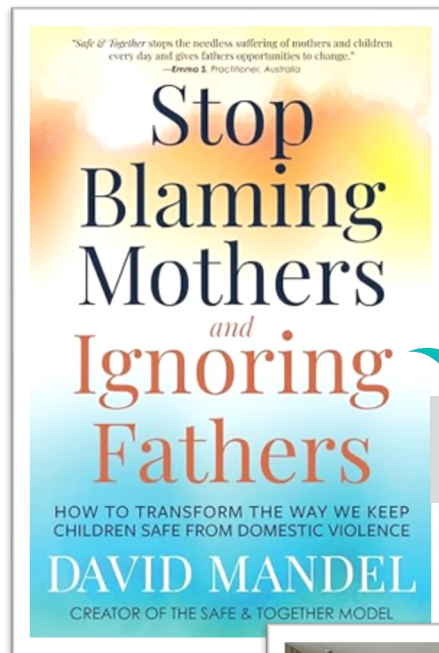


Figure 1: Cover Page of David Mandel's Book



Figure 2: Marie-José van Hoof with David Mandel

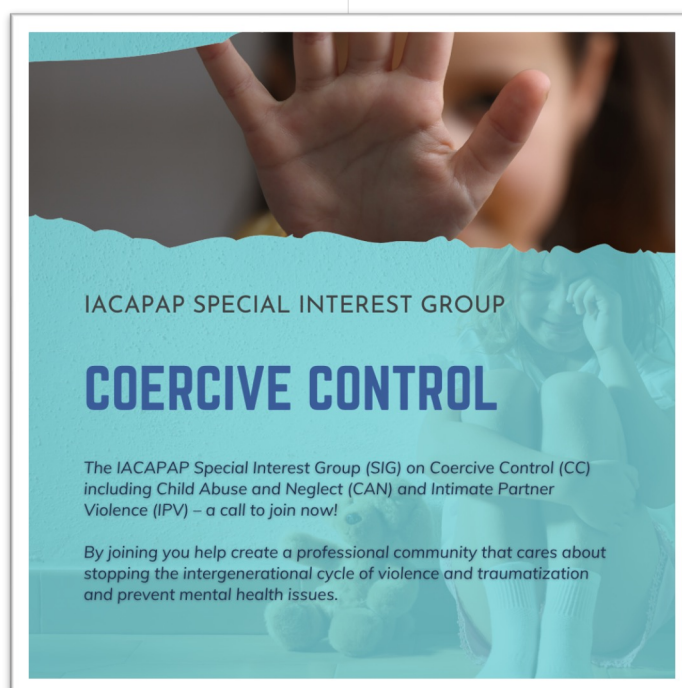
In addition, we will discuss the many questions and suggestions raised by webinar participants, including supporting webinars and knowledge-sharing sessions that connect global perspectives on coercive control across contexts; recovery and autonomy; practical management in paediatric safeguarding assessments; translating conceptual understanding into prevention and intervention frameworks; therapist self-care. We also aim to develop a collection of key topics and a working structure for future activities within the SIG.

Given the possibility of lived experiences relating to the topic, the SIG aims to ensure a safe and respectful environment for participation. A buddy system may be introduced as part of the initiative.

Next webinar of the SIG on Coercive Control will be Wednesday November 11th at 1 PM Amsterdam | 1:00 PM CET | 12:00 PM UTC | 7 AM EST.

The intention is to find funding for a podcast and video interviews. Those interested in joining the SIG on Coercive Control are invited to e-mail info@iacapap.org with a brief statement of motivation and a short CV. Individuals interested in participating in podcast or video interviews, or those aware of potential sponsors for these audio-visual initiatives, are also encouraged to contact us at the same e-mail address. The SIG on Coercive Control aims to contribute meaningfully to the field of child and adolescent psychiatry through global collaboration and knowledge-sharing.

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Psychosomatic Aspects of Chronic Diseases in Children Experience from Uzbekistan

By: Maftuna Abdusalilova Shukhrat Kizi, PhD¹

¹ Associate Professor, Department of Children's Diseases, Tashkent State Medical University, Uzbekistan

Introduction

In recent years, increasing attention has been given to the role of psychosomatic factors in the development and course of chronic diseases in children. Bronchial asthma, one of the most common chronic conditions in pediatric practice, is strongly influenced not only by biological mechanisms but also by psychological and emotional factors. In Uzbekistan, as in many other countries, the integration of mental health considerations into pediatric care remains an urgent and evolving field.

Current Situation in Uzbekistan

Pediatric healthcare in Uzbekistan has undergone significant improvements over the past decade. However, the psychosomatic dimension of chronic diseases is still under-recognized in routine clinical practice. Children with bronchial asthma frequently present with increased levels of anxiety, emotional instability, and stress-related triggers that may worsen disease control and increase the risk and frequency of exacerbations.

Clinical observations and local studies indicate that psychosocial stressors,

including family environment, school-related pressures, and post-infectious conditions such as COVID-19, can significantly affect the course of asthma. Despite this, structured psychosomatic assessment is not yet widely implemented in standard pediatric protocols.

Educational and Clinical Approaches

Efforts are being made to improve awareness among healthcare professionals regarding the importance of psychosomatic factors. In medical education, modern teaching methods such as problem-based learning, case-based discussions, and simulation-based training are increasingly used to promote clinical reasoning and holistic patient care.

In clinical settings, there is a growing emphasis on multidisciplinary approaches, involving pediatricians, psychologists, and, when necessary, psychiatrists. However, access to specialized mental health services for children remains limited, especially in regional areas.



Figure 1: Clinical examination of children conducted by the author together with students. Students are introduced to patient communication, techniques of palpation and auscultation of the lungs and cardiovascular system in children, and the importance of a patient-centered approach. The importance of doctor-child interaction in clinical practice, emotional interaction and psychosomatic factors influencing child health are also discussed. Photo: Author's own image

Challenges and Future Directions

One of the main challenges is the lack of standardized tools for early identification of psychosomatic disturbances in children with chronic diseases. Additionally, there is a need for training programs focused on the integration of mental health into pediatric care.

Future strategies should include the development of screening protocols, incorporation of psychosomatic assessment into routine pediatric practice, and strengthening collaboration between medical and mental health professionals. Research in the field of immunogenetics and its interaction with psychosomatic factors may also provide new insights into personalized approaches to treatment.

Conclusion

The integration of psychosomatic aspects into pediatric care is essential for improving outcomes in children with chronic diseases such as bronchial asthma. The experience from Uzbekistan highlights both encouraging progress and important gaps that still need to be addressed.

Strengthening interdisciplinary collaboration and enhancing medical education will be key steps toward more comprehensive child healthcare.

Conflict of Interest Disclosure:

The author declares no conflict of interest.

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No Child Should Fall Between Systems: Building Kosovo's pathway for adolescents with substance use and behavioural difficulties

By: Dr Lirim Isufi¹ Dr. Adelina Ahmeti Pronaj²

¹ Child and Adolescent Mental Health, Kosovo,

² Assistant Professor, Child and Adolescent Mental Health, Kosovo

Key message

Adolescents with substance use and behavioral difficulties should not have to move from school to psychiatry, from family to social services, and from crisis to justice without a clear pathway of care. Kosovo does not need another isolated response. It needs one coordinated adolescent pathway.

This article makes a practical argument for a coordinated, developmentally appropriate pathway for adolescents whose difficulties sit between mental health, substance use, family strain, school disengagement and social risk. The argument is written for a global audience, but it is grounded in the service realities of Kosovo. Since adolescent substance use is sensitive and often stigmatized, available survey figures should be treated as conservative indicators, not as the full burden.

Data highlights

- **4,531**: students included in Kosovo's first HBSC survey
- **4.7%**: reported being active smokers
- **10%**: reported alcohol use
- **1.5%**: reported cannabis use in the last 30 days

- **77%**: of youth surveyed were concerned about coping with stress
- **56%**: of respondents aged 12-16 said school grades were a source of stress

Sources: *HBSC in Kosovo (UNFPA/UNICEF/Ministry of Health/Ministry of Education); UNICEF Situation Analysis of Children and Adolescents in Kosovo. Self-reported figures may underestimate true use because of stigma, confidentiality concerns and school-based sampling limits.*

Introduction

In practice, the adolescents who worry clinicians and families most are rarely defined by one symptom. A young person may be using cannabis, missing school, staying out late, becoming aggressive at home or drifting towards the street. What looks like "bad behavior" is often a more complicated mix of distress, impulsivity, family strain, school disengagement and unmet mental health need.

These young people can fall between systems. A school-only response may not be enough. A brief outpatient

appointment may not hold the complexity. Adult addiction services are usually not designed for them, and leaving the burden entirely with the family is unsafe and unfair. The result is familiar: crisis, blame, fragmented action and delay.

Kosovo faces this gap clearly. It is not starting from zero: there are already important pieces of care across health, education, social welfare and justice. What remains limited is a specialized and coordinated rehabilitation route for adolescents whose substance use appears together with behavioral, emotional, family and social difficulties.

Why this matters

Adolescence is a developmental window in which reward seeking is heightened, while the systems responsible for planning, inhibition and longer-term judgement are still maturing. Substance use during this period is therefore more than a behavior problem. It can become a developmental and psychosocial risk, especially when it is combined with trauma, peer risk, school exclusion or family breakdown.

The World Health Organization estimates that one in seven adolescents aged 10-19 lives with a mental disorder globally [1]. In Kosovo's first Health Behavior in School-aged Children survey, which included 4,531 students aged 11, 13 and 15, 4.7% reported active smoking, 10% reported alcohol use and 1.5% reported cannabis use in the last 30 days [3]. These figures do not suggest a population-wide substance-use crisis, but they do justify early, organized intervention, particularly when substance use appears alongside violence, school exclusion, trauma or family breakdown.

These figures also need caution. Because adolescent substance use is stigmatized and usually measured through self-report, prevalence estimates may be affected by social desirability, fear of consequences and confidentiality concerns [6,7]. In Kosovo, disclosure may also be shaped by family reputation, school discipline and legal fears. The observed percentages are therefore best read as conservative indicators. The true burden may be higher, especially among adolescents outside school or already moving through health, welfare, or justice systems.

Figure 1: Fragmented sectors and a coordinated pathway

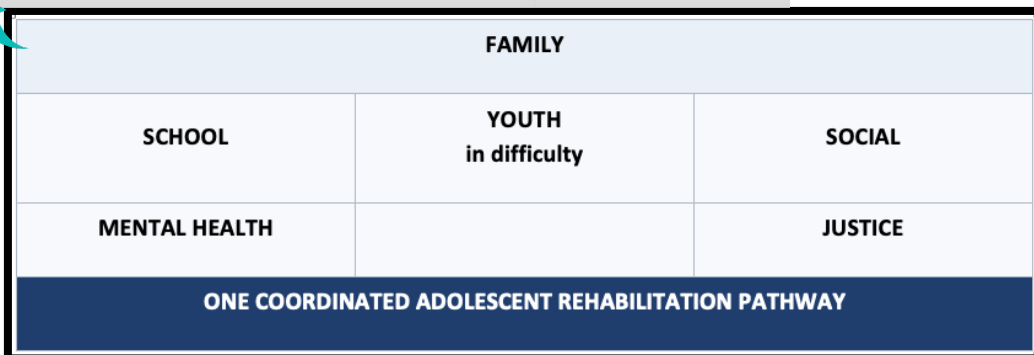


Figure 1: Fragmented sectors only become clinically useful when they are connected by one adolescent rehabilitation pathway.

A recent UNICEF situation analysis adds a parallel concern: 77% of young people surveyed in 2021 said they were worried about coping with stress, and 56% of respondents aged 12-16 in a 2024 survey said worries about school grades were a source of stress and anxiety [4]. The same analysis notes that services for children and adolescents are not adequate to meet demand, and that school psychologists are often overburdened [4]. The European Union Drugs Agency likewise notes that Kosovo's national drug monitoring system is still developing, with reporting organized through the National Drug Observatory [5].

The gap is not only clinical; it is structural

The adolescents most in need rarely arrive saying, "I have a substance use disorder." They arrive through events: school exclusion, police contact, self-harm, intoxication, family exhaustion or repeated refusal to attend appointments. If each sector responds separately, the young person receives pieces of care but not a coherent plan.

A punitive response may temporarily stop one behavior without addressing the underlying pattern. A purely medical response may miss the family and school

Table 1. Core elements of an integrated adolescent rehabilitation pathway

Clinical need	Why it matters	Suggested response
Substance-use assessment	Use may mask trauma, emotional pain, peer influence or impulsivity.	Screening, motivational interviewing, harm reduction and treatment planning.
Mental health evaluation	Depression, anxiety, ADHD, trauma and conduct problems often overlap.	Child and adolescent psychiatric and psychological assessment.
Family intervention	Parents may become overwhelmed, punitive or helpless.	Family sessions, parent guidance and crisis planning.
School reintegration	Exclusion increases isolation and future risk.	Individual education planning and school liaison.
Social and legal coordination	Some adolescents move into welfare or justice systems.	Case management across health, school, social services and justice.
Continuing care	Short interventions are easily lost without follow-up.	Relapse prevention, step-down support and community monitoring.

1	2	3
Specialized outpatient care assessment, family work	Intensive day program therapy, school liaison	Crisis support and follow-up safety plan, relapse prevention

Figure 2. A feasible phased model for implementation.

context. A purely psychological response may fail if daily substance use, social risk or acute safety concerns remain unchanged. What is missing is not goodwill. It is coordination.

What Kosovo could build

A useful response does not need to begin with a large residential institution. For Kosovo, a realistic sequence could start with a specialized outpatient pathway, develop an intensive day program for adolescents who need closer support, and later add crisis beds and structured follow-up for a smaller group of high-risk cases. The key issue is not the building. It is the sequence, referral criteria and continuity of care.

The pathway should connect child and adolescent mental health, pediatrics, schools, social workers, police, courts and community organizations. It should include staff training, supervision and culturally adapted intervention tools. In a small health system, the strength of the model will come less from institutional size and more from disciplined coordination.

A call for collaboration

Kosovo can build a careful, humane, and useful model. The need is not only for

more services; it is for a model that holds the adolescent across systems. International collaboration could support this through technical advice, staff development, service design and exchange with established programs in adolescent mental health, addiction, education and social protection.

Kosovo can also contribute to the wider field. In smaller systems, fragmentation is easier to see. When a child is shared across five sectors but truly held by none of them, the problem becomes visible. This is not only a Kosovan problem; it is a global one.

The clinical question should not be "Whose problem is this child?" It should be: "What pathway does this child need, and who will hold it with the family?"

Conflict of Interest Disclosure

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

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 **IACAPAP**
International Association for Child and
Adolescent Psychiatry and Allied Professions

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.



The Burden of Hope: Exam-Related Depression in Adolescents in South Punjab, Pakistan

By: Dr. Khizra Mussadiq, Consultant Psychiatrist, Multan, Pakistan,
Early Career Group Member, IACAPAP

A few months ago, a 16-year-old girl came to my outpatient clinic along with worried parents, complaining of recurrent vomiting episodes persisting for several weeks with unremarkable laboratory investigations. It was only upon supportive evaluation that she revealed persistent low mood, sleep disturbance, and an overwhelming fear of disappointing her parents in her upcoming matriculation board examinations. She described feeling "trapped between expectations and exhaustion," dreading over the idea of shattering her mother's silent hope that she would not pursue a medical career, a sentiment that has become increasingly familiar in our clinical practice.

Following this, I noticed a sudden surge in such cases. In another case, a 15-year-

old girl presented with significant distress even while being confident about her academic preparation. She described an unendurable psychological weight on her shoulders, continuing to ruminate on the experience. She expressed this by mentioning a local expression of grief, the experience would take "more than a river" to move beyond.

The months of March-May represent a high-stakes period in our setting, as board examinations for matriculation (grades 9-10) and intermediate (grades 11-12) are held. Across our psychiatry services in South Punjab, Pakistan, we are observing a noticeable rise in adolescents presenting with depression, anxiety, and somatic symptoms. Parents initially consult general practitioners for physical complaints in their children, such as headaches and abdominal pain; often leading to psychiatric referral. In other cases, parents themselves recognize the severe emotional suffering in their child, for example, persistent inconsolable agitation, and in some cases, passive death wishes or self-harm ideation, prompting direct psychiatric consultation.

This pattern reflects a broader socio-cultural context. In Pakistani children, high-stakes examinations like these serve as primary gateways in deciding their lifelong careers. Success is closely tied to family expectations, comparison with



Figure 1: Empty classroom for matriculation grades in a girls' school in South Punjab, Pakistan. (Image used with permission)

relatives, and social advancement. In my work within a Social Security hospital serving largely factory and industrial workers, I see families who have worked hard throughout their lives hoping that their children will achieve greater stability and opportunity. While these aspirations are rooted in good intentions, they can become an intense psychological torment for adolescents.

This is further exacerbated by limited access to structured mental health support in schools. Only a few institutions possess trained counselors, which usually do not come under the affordable range of an average parent. Emotional distress is often normalized as part of academic struggle, resulting in delayed recognition of emerging psychiatric symptoms.

In addition, institutional academic practices may further heighten distress, as students undergo repeated cycles of assessment including daily tests, half-book and full-book evaluations, pre-board examinations, and final board examinations, often with minimal recovery time between them. Institutions also often focus on using motivational statements emphasizing past failures rather than balanced success stories. While intended to improve performance, these strategies can contribute to additional psychological strain and burnout.

Although examination-related stress is a global phenomenon, its impact may be more profound in low- and middle-income countries, where competition is extreme and alternative career pathways



Figure 1: Empty classroom for matriculation grades in a boys' school in South Punjab, Pakistan. (Image used with permission)

are less socially accepted. The combination of scholastic pressure, limited mental health resources, and cultural expectations creates a particularly delicate environment for adolescents.

Addressing this issue does not necessarily demand high-cost interventions. Schools can introduce basic mental health awareness sessions during examination periods to help students recognize and share their distress with their parents or peers. Parent-focused psycho-education can encourage supportive communication and realistic expectations. Teachers, often being the first point of contact, can be trained to identify early behavioral changes.

From a clinical perspective, early identification remains the most crucial. Brief screening for mood symptoms during stressful academic periods, even in primary care settings, may help detect at-risk adolescents. Simple interventions such as supportive counseling, stress

management strategies, and family engagement can prevent progression to more severe conditions.

In many cases, when adolescents become severely distressed, parents claim that they are willing to set the expectations aside and pray only for their child's emotional relief. These observations raise an important question: are examinations only assessing academic competence, or have they become a significant psychological stressor? For many adolescents, this period represents not only an academic evaluation but also profound emotional vulnerability. During my residency training, I encountered a few young adults diagnosed with schizophrenia, in whom families sometimes retrospectively associated symptom onset with failure in the MDCAT (Pakistan's highly competitive medical college entry test exam), although causality cannot be assumed.

highlight and respond to this emerging problem with both clinical sensitivity and systemic awareness. The challenge extends beyond just providing individual care to also advocating for such strategies that would support adolescent mental well-being alongside academic achievement.

For many young people in our culture, the burden is not failure, but the fear of disappointing those who believe in them.

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Figure 3: Empty classroom for intermediate grades in a boys' college in South Punjab, Pakistan. (Image used with permission)

As clinicians in child and adolescent mental health, there is a growing need to

The 35th National Congress of Child and Adolescent Mental Health and Disorders, Türkiye

By: Ayşenur Özer Güvenç¹, Gaye Türkmen Noyan², Tuba Mutluer^{1,3}, Ayşegül Tuğba Hıra Selen⁴, Nahit Motavalli Mukaddes⁵, Neslihan İnal⁶

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The 35th National Child and Adolescent Mental Health and Disorders Congress, organized by the Turkish Association for Child and Adolescent Psychiatry (TACAP), was held with broad national and international participation from 5-9 May 2026 at the Pine Bay Holiday Resort Hotel in Kuşadası, Aydın, Türkiye. The meeting, themed "Opening a Window from Darkness to Light: A

Multidisciplinary Approach to Children Driven into Crime, from Risk to Intervention," was led by the Association's President, Prof. Dr. Neslihan İnal, who delivered the opening remarks and emphasized the field's commitment to vulnerable children and adolescents in Türkiye. The Congress was presided over by Prof. Dr. Sibelnur Avcil, whose leadership shaped the five-day scientific programme across seven parallel halls.

International Experts and Current Issues Define the Congress

The Congress was enriched by the participation of several internationally renowned speakers. Anita Thapar (Cardiff University) delivered the opening keynote lecture, "How Genetics Has Shaped Our Understanding of Psychopathology," highlighting shared genetic vulnerabilities across psychiatric disorders. John Walkup (Lurie Children's Hospital and Northwestern University Feinberg School of Medicine) contributed a comprehensive session on



Figure 1: Neslihan İnal, President of TACAP and John Walkup, President of AACAP.

anxiety, depression, and trauma in young people. Melissa P. DelBello (University of Cincinnati College of Medicine) presented neuroimaging findings in youth with and at risk for bipolar disorder, while Rasim Somer Diler (University of Pittsburgh and UPMC Western Psychiatric Hospital) contributed sessions on digital psychiatry, the differential diagnosis of mood states in youth, and a scientific perspective on school attacks.

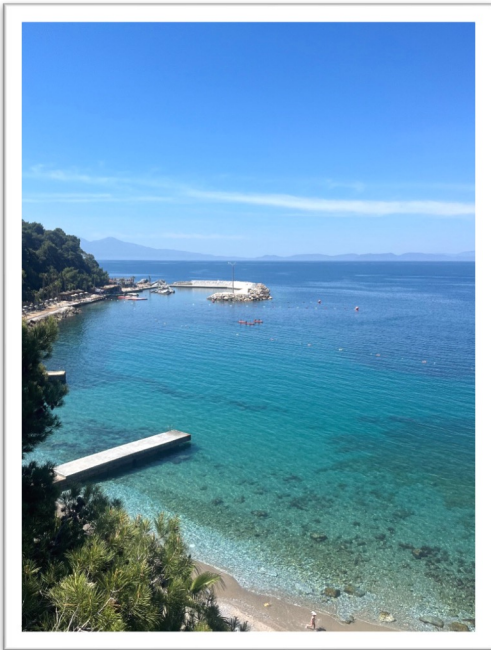


Figure 2: View from the Congress venue in Kuşadası, Türkiye

In keeping with the central theme, the Congress hosted a high-level multidisciplinary forum, "Risk and Protective Factors in Children Driven into Crime: An Inclusive Look at Prevention and Restorative Approaches," bringing together representatives of the Ministry of Justice, the Ministry of Family and Social Services, the Ministry of National Education, a Member of the Turkish Parliament, and senior academics.

Discussions focused on early identification of risk factors, preventive and protective interventions, trauma-informed approaches, child rights and ethics within the juvenile justice system, and community-based rehabilitation.

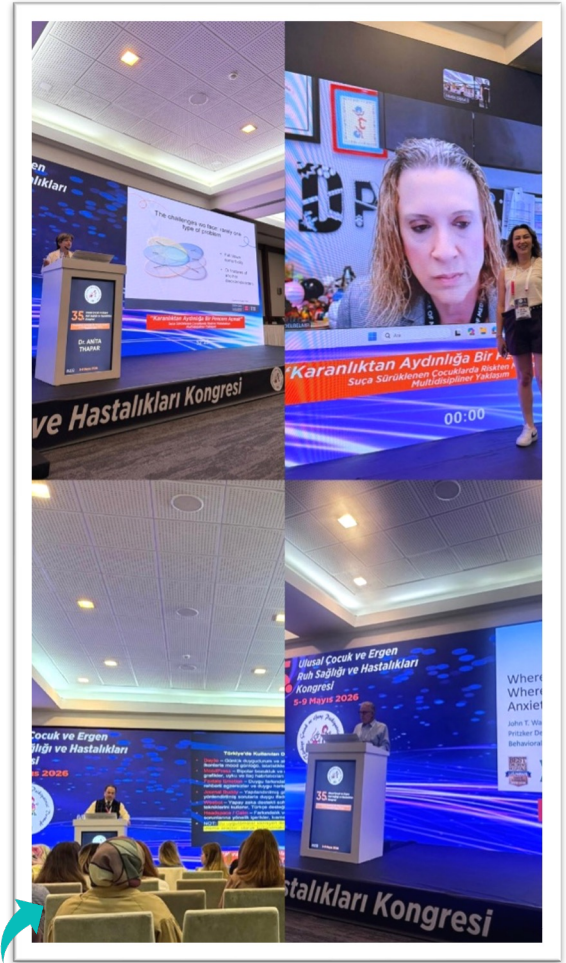


Figure 3: Invited speakers: Anita Thapar, Melissa P. DelBello and Rasim Somer Diler, John Walkup.

The programme also featured simultaneous courses reflecting both the Congress theme and current clinical priorities. Topics included child and adolescent sexual abuse from psychodrama, psychodynamic, and trauma-focused cognitive behavioural therapy perspectives; forensic psychiatry; the Schedule for Affective Disorders and

Schizophrenia for School-Age Children; the PEERS Program; pediatric psychopharmacology; autism spectrum disorder across the lifespan; Acceptance and Commitment Therapy for children at risk of delinquency; cognitive behavioural therapy for complex cases; artificial intelligence in child and adolescent psychiatry; and sleep disorders.

Panels addressed a wide range of current issues, including personalized psychiatry, neuroinflammation, objective assessment tools such as fMRI and eye-tracking, digital mental health, cyberbullying, autism, neurodiversity, complex PTSD, and endocrine comorbidities in child and adolescent psychiatry.

Opening Ceremony and Mentorship

The opening ceremony was especially memorable, as twenty young people

from the Nazilli Autism Association performed before academics from across the country. Their presence highlighted the importance of inclusion, opportunity, and visibility for children with neurodevelopmental differences, setting a meaningful tone for the meeting.

Beyond the scientific content, the Congress fostered a strong sense of community and shared purpose. Mornings began with mentor-mentee gatherings hosted by senior figures including Nahit Motavalli Mukaddes, Neslihan İnal, Rasim Somer Diler, John Walkup, Eyüp Sabri Ercan and Yankı Yazgan. Scientific and professional discussions frequently continued beyond the lecture halls – over shared meals, coastal walks, and informal gatherings – reflecting the collegial and collaborative culture of the Turkish child and adolescent psychiatry community.



Figure 4: Panel of the Autism Commission on autism-related clinical and intervention practices in Türkiye.



Figure 5: Autism Committee Meeting



Figure 6: Highlights from the Closing Ceremony

Specialized commission meetings of TACAP were also conducted alongside the main programme. For instance, the Autism Commission, convened under the leadership of Nahit Motavalli Mukaddes, reviewed its activities carried out throughout the year, including journal clubs and public awareness initiatives. The Commission addressed the development of clinical services for children and adolescents with autism spectrum disorder, the dissemination of early diagnosis and intervention standards, family support programmes, and the strengthening of national collaborations in neurodevelopmental research, while also establishing a coordinated working plan for the year ahead.

The Commission additionally contributed to several scientific panels throughout the Congress focusing on emerging intervention approaches in autism spectrum disorder. Presentations highlighted intervention programmes currently implemented in Türkiye, including validity and reliability studies aimed at supporting the wider

implementation of the culturally adapted, parent-assisted PEERS social skills programme; discussions on artificial intelligence-supported social communication interventions; and findings related to the implementation of an original Parent Education Programme for children with autism spectrum disorder, specifically developed in accordance with the Turkish cultural context, in both the 0-2 and 2-5 year age groups, representing evidence-based early intervention approaches. These presentations underscored the growing importance of developmental neuroscience, digital technologies, structured family-supported interventions, and culturally appropriate approaches within contemporary autism care and research.

Conclusion

The 35th National Child and Adolescent Mental Health and Disorders Congress contributed significantly to the field in Türkiye through its rich scientific programme and collaborative atmosphere. By focusing on children driven into crime, the Congress also highlighted the field's ongoing commitment to vulnerable youth and emphasized the importance of strengthening international collaboration and representation, particularly through organizations such as IACAPAP.

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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 June 2026 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - The effectiveness and mechanisms of a filmmaking intervention for adolescent aggression: a mixed methods study (Zhang et al., 2026), Efficacy of parent-infant psychotherapy with mothers with postpartum mental disorder: results from a randomized controlled trial (Kuchinke et al., 2026), and Unusual experiences and early-onset psychosis associated to hallucinogen use in adolescents: a systematic review and meta-analysis (Armanino-Irigaray et al., 2026).

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The effectiveness and mechanisms of a filmmaking intervention for adolescent aggression: a mixed methods study

Research | [Open access](#) | Published: 14 February 2026

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Zhang et al. (2026), discuss the growing concern of adolescent aggression worldwide, highlighting that existing interventions tend to treat aggression as a single undifferentiated construct and fail to engage young people growing up in the digital era. Grounded in the two-factor model of aggression, which distinguishes between reactive aggression (an impulsive, defensive response to perceived threat or provocation) and proactive aggression (a deliberate, goal-oriented behaviour aimed at gaining dominance or resources), as well as the Social Information Processing (SIP) model, art

therapy, and narrative therapy, the authors develop a filmmaking intervention and set out to evaluate its efficacy and explore the mechanisms through which it reduces aggression.

The team employs an explanatory sequential mixed-methods design comprising two sub-studies. Sub-study 1 is a randomised controlled trial (RCT) conducted from December 2022 to April 2023 in a special school in South China that enrolls youth with aggressive or violent behaviour, truancy, and other problematic conduct. Of 103 students invited, 82 consent to participate and are

randomly assigned to a treatment group ($n = 40$) or a waiting-list control group ($n = 42$). The filmmaking intervention consists of ten 90-minute sessions delivered twice weekly over approximately two months, through which groups of ten collaboratively produce a micro-film on the theme of aggression. The intervention is structured across five phases: development, pre-production, production, post-production, and exhibition. Group facilitators, who are professionals with three to six years of experience in youth psychology and education, guide the overall process while maintaining a neutral stance on creative decisions. Assessments of aggression (Reactive-Proactive Aggression Questionnaire, RPQ), emotion regulation (Social Competence Scale, SC-E), and empathy (Antisocial Process Screening Device, APSD-Cu) are administered at baseline, post-test, and a three-month follow-up. Due to COVID-19-related withdrawals and early graduations, 62 students (mean age 14.42 years; 33.91% female) complete all three waves of data collection. Sub-study 2, conducted from May to August 2023, involves grounded theory analysis of four micro-films and semi-structured interviews with 12 students and four facilitators.

In Sub-study 1, two-way repeated-measures ANOVA reveals significant time \times group interactions in overall aggression ($F = 3.28, p = .047, \eta^2 = 0.05$) and reactive aggression ($F = 4.69, p = .013, \eta^2 = 0.07$). Post hoc comparisons show that treatment group participants demonstrate significant

reductions in overall aggression ($MD = -5.18, p < .001$) and reactive aggression ($MD = -3.82, p < .001$) from pre- to post-test, and score significantly lower than the control group at post-test. Emotion regulation improves significantly in the treatment group ($MD = 3.97, p < .001$), with a moderate to large effect size ($\eta^2 = 0.11$). No statistically significant changes are observed in proactive aggression or empathy, although both show positive trends. Aggression scores rise slightly at the three-month follow-up, suggesting limited maintenance of the intervention effects, and the authors speculate that the relatively short intervention period and changed environmental context after students left the structured school setting contribute to this pattern. In Sub-study 2, grounded theory analysis identifies 10 main categories and generates two core theories: filmmaking reduces aggression by enhancing cognitive competence, emotional intelligence, interpersonal competence, engagement, and psychological capital; and filmmaking functions as a narrative therapy approach rooted in humanism, integrating art therapy methods. Implementation recommendations include adequate personnel and technical support, participant grouping by age and gender, and stable and extended time allocation.


The authors acknowledge the study's strengths, particularly its pioneering mixed-methods design combining an RCT with grounded theory, and its theoretically grounded intervention tailored to digital-native youth. They note limitations including retrospective trial registration, a small single-site sample,

use of a waiting-list rather than an active control, reliance on brief subscales for emotion regulation and empathy, lack of measurement of maintenance effects, and the absence of formal fidelity checks. They conclude that the filmmaking intervention is moderately effective in reducing adolescent aggression, with its strongest impact on reactive aggression, and that it carries potential as an innovative approach to fostering multiple dimensions of adolescent development. They recommend future research to extend intervention duration, incorporate booster sessions, differentiate proactive and reactive aggressors in participant sampling, and broaden the range of aggression forms targeted.



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Efficacy of parent–infant psychotherapy with mothers with postpartum mental disorder: results from a randomized controlled trial

Research | [Open access](#) | Published: 04 January 2026

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Kuchinke et al. (2026), contextualize their work within the well-documented challenge of postpartum maternal mental health problems, mentioning that postpartum anxiety or depression are associated with difficulties in bonding, disrupted parental sensitivity, and increased risk of insecure infant attachment. They note that, while parent-infant psychotherapy (PIP) has an established theoretical basis in attachment theory, psychodynamic principles, and developmental science, the evidence base from randomised controlled trials remains limited and heterogeneous, particularly regarding maternal sensitivity as an outcome. The authors report on the evaluation of focus-based brief parent-infant psychotherapy (PIP-f), a manualized psychodynamic approach delivered over 12 sessions in six weeks, against care-as-usual (CAU) in a multicentre randomised controlled trial conducted as part of the SKKIPPI project (Fricke et al., 2024).

The team recruits German-speaking mothers with at least one ICD-10 psychiatric diagnosis in the postpartum phase and their infants under 12 months

of age across five study centres in Berlin, Leipzig, Potsdam, Hamburg, and Flensburg between January 2019 and December 2021. Of 164 families assessed for eligibility, 120 mother-child dyads are randomised using computer-assisted 1:1 block randomisation stratified by setting and study centre: 57 to PIP-f and 63 to CAU. Mothers with more severe psychopathology are assigned to an inpatient setting, while others are treated in non-inpatient contexts. Assessments are conducted at baseline (T0), after six weeks of intervention (T1), and at 12-month follow-up (T2). The primary outcome is maternal sensitivity measured using the direct score of the Emotional Availability Scales (EAS). Secondary outcomes include emotional availability of mother and child, parental reflective functioning (PRFQ), parenting stress (PSI), maternal psychopathological symptoms (assessed via BSCL, EPDS, ASQ, IES, and MINI), child regulatory disorder symptoms (CFS), child behaviour (CBCL), child development (DT), and child attachment security at T2 using

the Strange Situation Procedure or Attachment Q-Sort. Video and interview data are coded by independent evaluators blinded to group allocation. Over the course of the study, 50% of dyads discontinue participation, substantially reducing the sample available for follow-up analyses.

PIP-f is not found superior to CAU on the primary outcome of maternal sensitivity at post-intervention ($b = 0.129$, 95% CI [-0.161, 0.418], $p = 0.378$). Both groups display high maternal sensitivity at baseline, suggesting a ceiling effect that may have limited the opportunity to observe change. No significant group differences emerge for any secondary outcomes at T1, including maternal psychopathological symptoms and infant regulatory disorder symptoms, with all scores improving over time in both groups. Exploratory longitudinal analyses reveal a significant group \times setting interaction for emotional availability in the child domain (EA-child: $\chi^2(4) = 11.2$, $p = 0.024$), indicating that PIP-f produces greater improvements in mother-child interaction relative to CAU specifically within the inpatient setting. A trend toward improved certainty about the child's mental states (PRFQ-CM) is similarly observed for the inpatient PIP-f subgroup. Child attachment security at 12 months does not differ significantly between groups (OR = 2.0, 95% CI [0.64, 6.33], $p = 0.226$), a finding the authors situate within a broader pattern from the literature whereby brief PIP interventions rarely demonstrate effects on attachment outcomes.

The authors attribute the absence of primary outcome differences partly to a ceiling effect arising from high baseline

sensitivity, and suggest that mothers with low-to-moderate psychosocial burden, who are likely overrepresented in the sample, may derive less benefit from PIP than higher-risk groups. They highlight the inpatient findings as clinically meaningful, pointing to PIP-f adding therapeutic value for more vulnerable dyads in structured settings. They acknowledge limitations - including a 50% dropout rate limiting generalizability, the impact of two SARS-CoV-2 lockdowns on recruitment and inpatient access, a final sample smaller than originally planned, reliance on self-report instruments for several outcomes, and the use of two age-appropriate but not fully comparable attachment measures at follow-up. The authors conclude that 12 sessions of PIP-f are not superior to standard care for sensitive mother-child interaction overall, but carry long-term benefits for mothers with more severe symptoms, particularly in the inpatient setting. They suggest future research specifically targeting high-risk populations, testing more intensive or longer interventions, and using extended follow-up periods to assess the sustainability of therapeutic gains.

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Unusual experiences and early-onset psychosis associated to hallucinogen use in adolescents: a systematic review and meta-analysis

Review | [Open access](#) | Published: 08 March 2026

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Armanino-Irigaray et al. (2026), draw attention to the increasing worldwide use of hallucinogens among adolescents and their re-emergence in scientific and public discourse, driven in part by renewed clinical interest in their therapeutic potential for conditions such as depression, anxiety, and post-traumatic stress disorder. They note that adolescence is a particularly vulnerable developmental period, marked by ongoing synaptic pruning and cortical maturation, during which network-level perturbations induced by hallucinogens may be more likely to elicit psychotomimetic responses. While the relationship between cannabis and psychosis is robustly established, the authors highlight that evidence on hallucinogens and early-onset psychosis (EOP) in young people remains sparse and poorly understood. They set out to synthesize available evidence on the prevalence and clinical impact of hallucinogen use in adolescents with EOP, and on the association between hallucinogen exposure and psychotic or psychotic-like symptoms in community samples.

Following PRISMA guidelines and prior PROSPERO registration, the team conducts a systematic search across PubMed, Web of Science, Cochrane Library, and PsycINFO from inception until July 17, 2025. Two researchers independently screen all titles, abstracts, and full texts, with discrepancies resolved through discussion or consultation with a senior researcher. Studies are included if they enrol individuals with a mean age under 18 years and either evaluate hallucinogen exposure in EOP samples or examine the association between hallucinogen use and psychotic or psychotic-like symptoms in community or general population samples. The term hallucinogens is used as an umbrella encompassing classical serotonergic psychedelics, dissociative agents such as ketamine and phencyclidine, and MDMA, the latter included on the basis of shared and converging neurobiological effects relevant to psychosis vulnerability. Risk of bias is assessed using the Newcastle-Ottawa Scale (NOS), with interrater agreement at Cohen's $\kappa = 0.83$. A random-effects

meta-analysis using logit-transformed proportions estimates pooled prevalence of hallucinogen use in EOP samples. Due to substantial heterogeneity in study design and outcome reporting, all other outcomes are synthesized narratively. Of 3,806 records identified, 12 studies meet the inclusion criteria: six contribute quantitative data to the meta-analysis and six to the narrative synthesis. The average proportion of female participants across studies is 39.9% and the mean age is 16.1 years. NOS scores range from 4 to 9, with a mean of 6.4.

The pooled prevalence of any hallucinogen use among adolescents with EOP, derived from six clinical studies (total $N = 713$), is 14.3% (95% CI: 3.9%-40.9%), with substantial between-study heterogeneity ($I^2 = 88.5\%$), likely reflecting differences in local patterns of polysubstance use and sample characteristics. LSD use ranges from 1.8 to 12.5% and MDMA use from 3.5 to 42.9% across individual studies. Hallucinogen use in EOP is consistently associated with polysubstance use and indicators of clinical complexity, including higher rates of suicidality, conduct disorder, reduced educational attainment, longer duration of untreated psychosis, and greater use of depot antipsychotics and clozapine. A significant association between LSD use and lifetime suicide attempts is identified (OR = 5.7, 95% CI: 1.8-17.8, $p = 0.002$). In community samples, psychedelic use shows weak and inconsistent associations with psychotic and manic symptoms in unadjusted analyses, and these associations largely attenuate after

adjustment for other drug use and genetic vulnerability. A notable exception is a moderation by polygenic risk: adolescents with higher genetic liability for schizophrenia or bipolar I disorder show greater manic symptoms following psychedelic exposure. A Canadian population-based study further reports that among adolescents aged 14-18 years with hallucinogen-related emergency department visits, the hazard ratio for subsequent schizophrenia spectrum disorder is significant for males (HR = 3.26, 95% CI: 2.09-5.08) but not for females.

The authors acknowledge limitations including substantial methodological heterogeneity across studies, an exclusively observational evidence base with residual confounding that cannot be excluded, widespread polysubstance use making it difficult to isolate hallucinogen-specific effects, frequent reliance on self-report rather than clinical assessment, variation in outcome definitions, and the inclusion of mixed-age samples in several studies limiting strict age-specific inferences. They conclude that hallucinogen use is relatively common among adolescents with EOP and is associated with more complex clinical trajectories, particularly higher rates of suicidality. They recommend that clinicians routinely assess hallucinogen use in EOP, especially when evaluating suicide risk or atypical mood presentations, and call for longitudinal, large-scale research that differentiates specific substances and integrates genetic, environmental, and clinical moderators to clarify causal mechanisms and inform prevention strategies.

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My First Notes about Mental Health

For a long time, as a young child, I didn't quite understand what my mother's profession, being a psychiatrist meant. To me, a doctor was someone who wore a white coat and carried a cold stethoscope. I used to look at my mom and wonder where her medical tools were. Her "equipment" seemed to consist only of a quiet room, a comfortable chair, and a lot of listening. I didn't understand how she was helping her patients; it felt mysterious.

People don't talk much about mental health, but in my family it has never been discussed in whispers. As I grew up, I realized that her patients didn't have visible wounds and my mother wasn't fixing broken bones – she was helping people heal the broken parts of their stories. That was the moment I understood that psychiatry isn't about "fixing" people so they fit into a society; it's about giving them the tools to be the best version of themselves.

People with mental health challenges are in no way less than others. They can express themselves in different fields, including art, music, writing, film, technology, etc. History is filled with numerous geniuses and artists who stood out despite their mental conditions. For instance, the creator of *Alice in Wonderland* was known for a unique mental state that allowed him to give us the mystical world. Moreover, Vincent van Gogh expressed his inner self in outstanding paintings with a unique style that only belonged to him. These talented people remind us that great achievements often come from complex minds.

Mental health is very important for people who are my age. Everyone has their own ways to express their feelings, but we all have one thing in common: during this period, the emotions we feel are deeper and stronger than at other times in our lives. Emotions are everything teenagers feel and have. It is so important to have healthy relationships in this age; toxic friendships and doing things you don't like affect your mental health.

Sometimes I feel like everyday life is so boring, and when I'm stressed or sad while having a bad day, it always helps me to watch movies. Since childhood I have had a special relationship with TV shows and movies, so I still deal with stress through them and being around people that I love always helps me too.

The movie based on Susanna Kaysen's book, *Girl, Interrupted*, really helped me learn more about mental health. It shows clearly how these girls' lives were turned upside down because of their mental health struggles. The main character is left with one big, haunting question: "What is actually going on inside my head?" Nowadays, this question haunts many people. Having hard time and negative emotions is part of our lives, and support from others makes it less stressful.

I really love how every person on earth is different, with their unique thoughts inner world, and exploring their minds is both hard and fascinating. I often see girls and boys my age who cannot accept people with different appearances and opinions; because of this, they bully or exclude them, and this damages mental health. Another growing concern in society is beauty standards, which make young people feel insecure about themselves. It becomes harder for them to accept and love themselves for who they are, and they lose sight of their own beauty by thinking that they are not enough.

Being mental health professional means helping people understand themselves first, and then the people around them. The world is treating different people unfairly, and clear a example is children with autism. They are often misunderstood. Despite their unique talents, they are not taken seriously, and others look down on them. I often see this situation in my life.

Mental health is the most important thing that shapes our entire life, and everything depends on it. We should take care of our mental health first, and it's important to not damage others'.

I wish people would raise awareness about mental health and its importance in our lives.

~ Martha ~

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Name of the painting: Off the Beaten Path

~ Dudu Memoriza ~

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Name of the painting: My Safe Place

~ Dudu Memoriza ~

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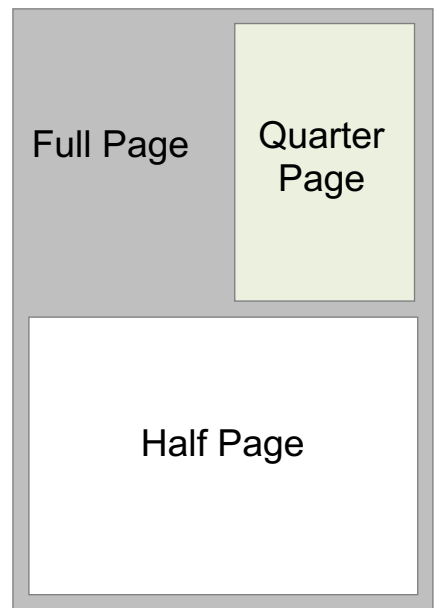
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