



By Marina, Brazil, age category =>18Y, Trying not to go crazy

President's Message Planning for the Future

IACAPAP is celebrating its 85th Anniversary this year since its inception in 1937. We have come a long way in developing the organisation and we have been making strategic plans since 2010, which I credit to our first African President, [Olayinka Omigbodun](#). You can find the plans [here](#). But our plans are relatively short termed focused largely on world congresses which occur every two years.

Page 3

Page 16

SOPNIA has become 50 years old!

Page 19

An Exciting IACAPAP program has launched, Please welcome The Early Career Group (ECG)!

Page 29

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



CAMPH Corner

Page 23



Find out more about IACAPAP's Education Travel Grant

Page 34



Find out more about IACAPAP's World Congress 2022 Dubai

Page 6

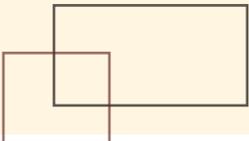
CONTENTS

Editor
Hesham Hamoda (Boston, USA)

Deputy Editor
Maite Ferrin (London, UK)

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

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



IACAPAP President’s Message	P3
25 th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions	P6
SOPNIA has become 50 years old!	P16
An Exciting IACAPAP program has launched, Please welcome The Early Career Group (ECG)!	P19
CAPMH Corner	P23
World Infant, Child and Adolescent Mental Health Day (WICAMHD)	P29
6 th IACAPAP Lunch & Learn Webinar	P33
IACAPAP Education Travel Grant	P34
IACAPAP Bulletin Advertising Opportunities	P37

President's Message June 2022: Planning for the Future

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

Singapore is one of the most meticulously planned cities in the world. Over half a century ago, a group of nationalistic children of migrants at the tip of the Malayan peninsula decided to seek independence from their colonial masters to forge their own nation. Singapore declared independence in 1965 after a brief federation with Malaysia. Once independent, the founding fathers decided that city planning was critical in a small country roughly 650 square kilometres in low tide. The planning called for a long-term Concept plan lasting at least 50 years with 10 yearly reviews, a medium-term Master plan which represents a blueprint for land use and transportation reviewed 5 yearly and a short-term development plan which is reviewed annually.



Why am I sharing this with you? IACAPAP is celebrating its 85th Anniversary this year since its inception in 1937. We have come a long way in developing the organisation and we have been making strategic plans since 2010, which I credit to our first African President, [Olayinka Omigbodun](#). You can find the plans [here](#). But our plans are relatively short termed focused largely on world congresses which occur every two years. We elect an executive committee (EXCO) to oversee the work of IACAPAP once every 4 years. The Constitution allows for office bearers to stay longer than their terms, but they must run for elections. Since I came into office in 2018, together with the Bureau (this consists of the president, past president, treasurer, and secretary general) and EXCO, we have been planning annual retreats to plan forward but in a relatively short-term manner. In these last 4 years, we have spent many hours trying to do old things and new ones based on our vision and mission. But we have not been able to oversee a medium- or long-term plan. Perhaps it's because we never intentionally meant to plan long term as the elections occur over a short period every 4 years. Many organisations don't have such plans even when there are aspirational visions. This same principle exists in nations and most countries do not have governments that stay in power

long enough to plan. I am not qualified to discuss the ideals of democracy but the lack of long-term planning affects the long term future of an ideal. There is a Chinese saying that goes, countries have laws while families have rules. Families and its leaders, the parents, can plan for their future because parenting is long term (or at least for about 20 years). Should parenthood be planned as well?

The term planned parenthood, also called family planning, is a practice of measures designed to regulate the number and spacing of children within a family. This was driven by a fear of uncontrolled population growth before the 1950s. This traditional view is no longer discussed as many developed and developing nations no longer have this problem as young families often decide to have few children, if at all. In fact, the whole concept of families is disrupted by new ideas of gender roles and sexuality. At a superficial level, planning for children and their future seems rather overprotective and controlling. The idea of a woman becoming pregnant is also about personal as well as couple choices. For healthcare professionals, family planning is more often about the risks of pregnancy (including treatments during pregnancy) and the genetics of transmitting at risk genes to the offspring. In clearly genetic conditions like cystic fibrosis, family planning is critical as part of holistic care. Do we do the same for psychiatric illnesses and the strong genetic risks associated with it? Would this be regarded as some form of eugenics that is clearly wrong? There is also the question of access to abortion and the political questions that have arisen from this, linked once again to the idea of choice.

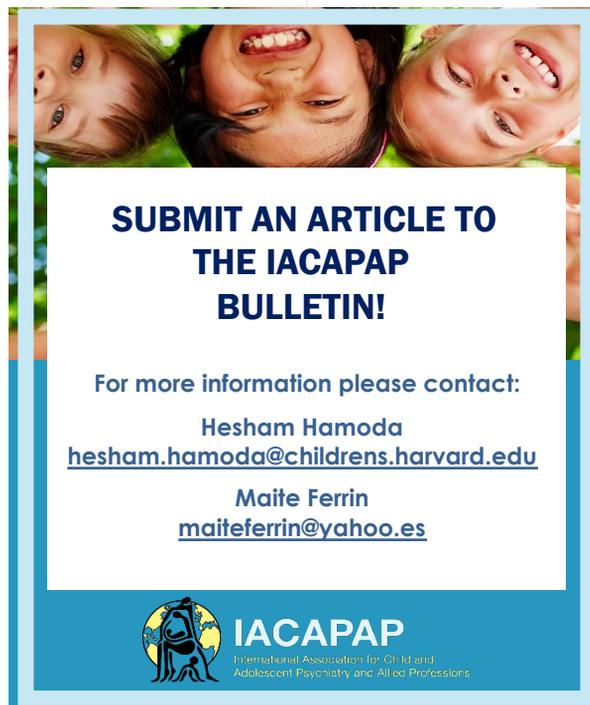


Yet planning is a critical part of raising children. The problems that we see as child mental health professionals can be related to the overwhelming of parents in their new roles and family stress, in what is the most sensitive periods of development. One good starting point for this may be in the planning of families for professionals who work in our field. A review of the challenges of physician mothers suggests problems in family planning, pregnancy, raising children, work life integration, inequities and biases. Do we have good solutions for mothers who are mental health professionals? The opportunities for such planning can start with a Concept plan of discussing the family life cycle as couples pair up and get married. A Master plan is embarked once marriage is officially initiated and a Development plan for children and how to raise them regularly discussed across the developmental milestones. Creating formalised training and mentorship of parents, providing support during childbearing and child rearing, and identifying work life harmony for both parents should form integral elements of such ongoing parenting plans. Involving the greater community (not just the extended family) in this process is also crucial, probably best characterised in the African proverb, it takes a village to raise a child.

There is a need to revisit the idea of planned parenthood but instead of focusing on numbers and spacing of children, focus on the quality and value of good parents both in the preconception period as well as in the ongoing developmental journey. Alongside this, the role of other important caregiving adults who help with the parenting process as well as the mentoring and coaching parents. Good parents provide a benevolent support to the developing child. In a world where parenting is increasingly being delegated to childcare services, perhaps its time for us to plan long term, by redesigning planned parenthood from our vantage point as mental health professionals. We can do so much more by preventing adverse childhood experiences than just treating mental illness in youths.

References

- Chesak SS, Yngve KC, Taylor JM, Voth ER, Bhagra A. Challenges and Solutions for Physician Mothers: A Critical Review of the Literature. *Mayo Clin Proc.* 2021 Jun;96(6):1578-1591. doi: 10.1016/j.mayocp.2020.10.008. Epub 2021 Apr 9. PMID: 33840524.
- Hill B, Awoke MA, Bergmeier H, Moran LJ, Mishra GD, Skouteris H. Lifestyle and Psychological Factors of Women with Pregnancy Intentions Who Become Pregnant: Analysis of a Longitudinal Cohort of Australian Women. *J Clin Med.* 2021 Feb 12;10(4):725. doi: 10.3390/jcm10040725. PMID: 33673138; PMCID: PMC7918004.
- Savage JS. A Fourth Trimester Action Plan for Wellness. *J Perinat Educ.* 2020 Apr 1;29(2):103-112. doi: 10.1891/J-PE-D-18-00034. PMID: 32308360; PMCID: PMC7159799.



**SUBMIT AN ARTICLE TO
THE IACAPAP
BULLETIN!**

For more information please contact:

Hesham Hamoda
hesham.hamoda@childrens.harvard.edu

Maite Ferrin
maiteferrin@yahoo.es

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

HELLO FRIENDS AND PARTNERS,



As'salam Alaikum. Greetings to IACAPAP members and colleagues from all over the world.

It gives me immense pleasure to welcome you all to the 25th World Congress of IACAPAP, which will be held in Dubai in 2022. This congress will discuss extremely important and timely child and adolescent mental health topics in a remarkable and unique destination, Dubai, the city of the future.

The Congress will serve as a global hub for scientists, clinicians, from all over the world to present their work, and discuss the latest advances under the theme of **Child and Adolescent Mental Health: Shaping the Future.**

We have some great updates for you all as we are gearing up for the congress. We have received over 800+ presentations for all the topics and we have the preliminary program up on the website. With the addition of new speakers, we have also added more information about accommodation options, visa application and official airlines which offer special congress rates to help facilitate your travel.

Don't forget the Early Bird registration which ends on 19 July. We urge you to register before this deadline.

Let us join hands to enhance the future of our children and youth. We look forward to welcoming you all to our city, your city, Dubai.

Dr. Ammar Albanna

Conference Chair

25th World Congress of IACAPAP - Dubai 2022

ORGANIZING COMMITTEE



“Join us at the
25th World Congress
of the International
Association for Child
and Adolescent Psychiatry
and Allied Professions”



**DR. AMMAR
ALBANNA**
Congress Chair



**DR. MESHAL
SULTAN**
*Local Organizing
Committee Chair*



**DR. HESHAM
HAMODA**
*Scientific
Committee Chair*



**MS. SHAIKHA
ALHEMEIRI**
*Social & Partnership
Committee Chair*

SPEAKERS



The congress will focus on:

Modern technology in shaping the future of child and adolescent mental health and there is no better place to examine this theme than Dubai, the city of the future!



PROF. ANTONIO HARDAN
Chief Division of Child and Adolescent Psychiatry; Stanford University



PROF. BENNET LEVENTHAL
Professor of Psychiatry University of California; San Francisco (UCSF)



PROF. BRUNO FALISSARD
Head of Public Health and Mental Health Research Lab; Paris-Sud University, Previous President of IACAPAP



DR CHIARA SERVILI, MD MPH PHD
Technical officer, Child and Adolescent Mental and Brain Health Department of Mental Health & Substance Use, W.H.O.



PROF. CHRISTINA SCHWENCK
Chair of Clinical Child and Adolescent Psychology; Giessen University



PROF. DANIEL FUNG
Chairman; Institute of Mental Health President of IACAPAP



DR. FADI MAALOUF
Chair & Associate Professor of Psychiatry American University of Beirut



PROF. HELEN EGGER
CEO; Little Otter



PROF. PETRUS DEVRIES
Professor of Child and Adolescent Psychiatry University of Cape Town



PROF. VALSAMMA EAPEN
Chair; Infant, Child and Adolescent Psychiatry University of New South Wales (UNSW)

IMPORTANT DATES



What should you expect?

- Knowledge about the latest clinical information in the field.
- Networking with members from over 61+ IACAPAP Associations & professionals worldwide.
- Updates in the current trends.

**DON'T MISS OUT
ON THE EARLY BIRD RATE**
REGISTER NOW!

The first 300 paid registrations will receive a FREE copy of the IACAPAP 2022 Book: "Shaping the Future of Child and Adolescent Mental Health: Towards Technological Advances and Service Innovations."

EARLY BIRD

**20 MARCH
TO 19 JULY 2022**

**IACAPAP EDUCATION
TRAVEL GRANT**

30 AUGUST 2022

VISA APPLICATION

5 NOVEMBER 2022

**ACCOMMODATION RATES
VALID UNTIL**

6 NOVEMBER 2022

Group discount available for 10+ Participants! Please send an email to iacapap2022@dwtc.com for further information.

Visit our website iacapap2022.com/registration to know more. Scan the code to go there now.



PROGRAM OVERVIEW



TIME	05 DEC	06 DEC	07 DEC	08 DEC	09 DEC	
08:00 - 09:00		CONGRESS REGISTRATION	CONGRESS REGISTRATION	CONGRESS REGISTRATION	CONGRESS REGISTRATION	
09:00 - 10:00	PRE CONGRESS WORKSHOPS	OPENING CEREMONY	DJCFP SESSIONS	A.M. SESSION	A.M. SESSION	
10:00 - 11:00				KEYNOTE LECTURE	KEYNOTE LECTURE	DJCFP SESSIONS
11:00 - 12:00		A.M. SESSION		A.M. SESSION	A.M. SESSION	A.M. SESSION
12:00 - 13:00	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	
13:00 - 14:00	PRE CONGRESS WORKSHOPS	POSTER SESSIONS	STATE-OF-THE-ART LECTURES	POSTER SESSIONS	STATE-OF-THE-ART LECTURES	
14:00 - 15:00		PRESIDENTIAL LECTURE	POSTER SESSIONS	STATE-OF-THE-ART LECTURES	POSTER SESSIONS	
15:00 - 16:00		P.M. SESSIONS	DJCFP SESSIONS	P.M. SESSIONS	DJCFP SESSIONS	P.M. SESSIONS
16:00 - 17:00						
17:00 - 18:00		IACAPAP GENERAL ASSEMBLY			DJCFP SESSIONS & CLOSING CEREMONY	
18:00 - 19:00			HRRS & DJCFP REUNION		CLOSING CEREMONY	
19:00 - 20:00		PRESIDENT'S RECEPTION				
20:00 - 21:00		CONGRESS WELCOME RECEPTION	CONGRESS GALA DINNER	DJCFP DINNER		

Over 800+ abstracts received



PROGRAM TOPICS

**NEW TECHNOLOGIES
IN CHILD AND
ADOLESCENT MENTAL
HEALTH DIAGNOSTICS
AND THERAPEUTICS**

**EARLY MARKERS OF
MENTAL ILLNESS**

**ARTIFICIAL
INTELLIGENCE IN CHILD
AND ADOLESCENT
MENTAL HEALTH**

**PREVENTION AND
ENHANCING MENTAL
WELLBEING**

**THE ROLE OF
TECHNOLOGY
IN EDUCATION**

**REFUGEES,
MIGRATION AND
MENTAL HEALTH ISSUES**

**ADVOCACY, ETHICS,
HUMAN RIGHTS,
RIGHTS OF THE CHILD**

**COVID AND CHILD
AND ADOLESCENT
MENTAL HEALTH**

**BRIDGING THE GAP
BETWEEN ADOLESCENT
AND ADULT MENTAL
HEALTH CARE**

GALA DINNER

The Congress Gala Dinner would take place on the 7 December.

Further details to be updated on the website soon.

**7 DECEMBER
2022**

**CLICK HERE
TO REGISTER TODAY.
LIMITED SEATS AVAILABLE.**

**GALA DINNER RATE
AED500 +VAT**

IACAPAP EDUCATION TRAVEL GRANT



A: TIMELINE

Application open:
1 February 2022

Application deadline:
30 August 2022

Notification of outcome:
15 October 2022

B: NATURE OF GRANT

The grantee of the IACAPAP Travel Grant receives the following to attend IACAPAP conferences:

- Up to USD 500 (five hundred US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel within the continent OR up to USD 1,000 (one thousand US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel outside the continent.

- Airfare
- Travel Expenses: Economy bus and train are covered by the travel grant. Taxi fares, parking fees, and fuel costs if you are driving to the site of the convention/conference are also acceptable.
- Lodging expenses: Hotel, hostel, or other expenses towards lodging incurred during the convention/conference.

IACAPAP EDUCATION TRAVEL GRANT APPLICATION DEADLINE: 30 AUGUST 2022

[LEARN MORE](#)

[APPLY ONLINE](#)

[APPLY MANUALLY
\(DOWNLOAD FORM\)](#)

IACAPAP 2022 SPONSORSHIP OPPORTUNITIES



HEADLINE SPONSORSHIP		DIAMOND SPONSORSHIP		PLATINUM SPONSORSHIP	
AED 200,000 1x Spot Available		AED 120,000 2 x Spots Available		AED 80,000 3 x Spots Available	
Full Delegate Registration	10	Full Delegate Registration	8	Full Delegate Registration	5
Exhibition Space	36sqm	Exhibition Space	24sqm	Exhibition Space	18sqm
Opportunity to submit Posters Presentation	5x	Opportunity to submit Posters Presentation	4x	Opportunity to submit Posters Presentation	3x
VIP invitations for the Opening Ceremony	10x	VIP invitations for the Opening Ceremony	8x	VIP invitations for the Opening Ceremony	5x
GOLD SPONSORSHIP		SILVER SPONSORSHIP		BECOME A SPONSOR	
AED 50,000 4 x Spots Available		AED 30,000			
Full Delegate Registration	3	Full Delegate Registration	10	<p>Click on the link above or Scan the code below to go there now</p> 	
Exhibition Space	12sqm	Exhibition Space	✗		
Opportunity to submit Posters Presentation	2x	Opportunity to submit Posters Presentation	1x		
VIP invitations for the Opening Ceremony	3x	VIP invitations for the Opening Ceremony	✗		

PARTNER HOTELS



**NOVOTEL HOTEL
WORLD TRADE CENTER** ★★★★★



Starting from **AED 900**
USD 245.02

**IBIS HOTEL
WORLD TRADE CENTER** ★★★★★



Starting from **AED 600**
USD 163.35

**IBIS HOTEL
ONE CENTRAL** ★★★★★



Starting from **AED 550**
USD 149.74

**ROVE HOTEL
WORLD TRADE CENTER** ★★★★★



Starting from **AED 545**
USD 148.38

**SHERATON GRAND
HOTEL** ★★★★★



Starting from **AED 920**
USD 250.48

**25 HOURS
HOTEL** ★★★★★



Starting from **AED 1,000**
USD 277.70

**CONRAD DUBAI
HOTEL** ★★★★★



Starting from **AED 1,061**
USD 288.86

**JUMEIRAH
EMIRATES TOWERS** ★★★★★



Starting from **AED 2,000**
USD 544.51



Visit iacapap2022.com/accommodation. Scan the code above to go there now.

TRAVEL TO DUBAI



APPLY FOR YOUR VISA

Visa Invitation: Letter Should you wish to process your visit visa on your own and would like DXB LIVE to issue you an invitation letter, please apply through the registration link or write to us on iacapap2022@dwtc.com.

Visa Application: Should you wish for DXB LIVE to process your visa application, please apply through the registration link or write to us on iacapap2022@dwtc.com.

Deadline for visa applications is 5 November 2022. All visas once issued by DXB LIVE are a single entry tourist visa that have a 60-day validity to enter the UAE. The visa stay validity is 30-days from the date of entry.

[CLICK HERE FOR MORE DETAILS](#)

OUR PARTNER: EMIRATES AIRLINES

OFFICIAL CARRIER OF IACAPAP 2022

We are pleased to inform you that Emirates Airline has proudly been selected as the official partner airline for IACAPAP 2022. Emirates has excellent connections to all of the six continents via Dubai with more than 100 current destinations worldwide. Emirates Airlines will provide special fares for the IACAPAP 2022 delegates travelling for the conference.

Further details to be provided on our website soon.



SOPNIA has become 50 years old!

By: Flora de la Barra Mac Donald
Child & Adolescent Psychiatrist
Adjunct Professor, East Psychiatry department, University of Chile

At the beginning of the 20th century, Chile started implementing public health interventions, childhood protection and public education. The first pediatric hospitals were built, which were academic centers as well, affiliated with the University of Chile. A few pediatricians were awarded scholarships to specialize in Europe and the USA in neuropsychiatry. After their return, they all expanded the specialty. The first one was Dr. Ricardo Olea Guldemont, who founded the first neuropsychiatric clinic and the first special education school in one of the hospitals. He is honored until today by SOPNIA, awarding a prize with his name every two years. He was followed by several other pediatric specialists, creating other neuropsychiatric units in the main hospitals.

A Hospital Group of Child and Adolescent Neuropsychiatry was formed in 1965, the antecedent for the current association. In 1970, the first Child and adolescent psychiatric unit separate from Neurology was started, together with the introduction of family therapy. At that time, the first formally recognized programs for the Specialty were installed. In 1972, the scientific Association of

Psychiatry and Neurology of Childhood and Adolescence (SOPNIA) was officially constituted. Its purpose is "To take care of the development of children that will build Chile's future". It is multi-disciplinary, including neurologists, psychiatrists, neurosurgeons, and allied professions which form part of mental health teams. Currently, SOPNIA has 159 members.



Academics and Trainees from University Psychiatric Clinic

The organization proved to be resilient during the 17 years of military dictatorship, and rapidly developed as soon as democracy was recovered. It has grown in membership, post graduate



Current president, Dr. Felipe Mendez, Dr. Adriana Gutierrez past president, donating the original SOPNIA statutes.

academic activities and publications at a fast rate, incorporating other universities which have been formed in the last years, as well as growing exchange with other countries and associations.

In 2018, there were 362 child and adolescent psychiatrists in the country, 70% of which work in the public health services, assisting 5,200,000 inhabitants under 19 years of age, a proportion of 6.9 per 100,000 inhabitants. In the last years, there has been a considerable growth of specialists in training, amounting to 128, about 1/3 of child and adolescent psychiatrists in the country.

Once a year, a congress is organized in a different city, where many activities take place: lectures by professors from Chile and other countries, paper presentations about ongoing research, reviews,



Dr. Alejandro Maturana organizer of 50 years celebration between two Olea prize winners

round tables and seminars for continuous training. Prizes are awarded for the best papers, the Ricardo Olea prize for a member with a distinguished trajectory, and the best work of the adjunct art exhibition. The organization's official journal Revista Chilena de la Infancia y Adolescencia is published every three months, is peer reviewed and indexed in SCIELO, LILACS and LATINDEX.

Several special interests working groups are very active including developmental disorders, public policies, sleep disorders, neuromuscular and motor disorders, demyelinating disorders and refractory epilepsy. The Web page www.sopnia.com is also very active. This information is expanded in the last issue of the "Revista" which can be browsed, it contains all the data about the history of the Association.



We finally got him to come and lecture. From left to right: Prof. Dr. Hernán Montenegro. Claudio Torres (Flora's husband), Prof Dr. Flora de la Barra (congress president) Marjorie Rutter and Prof. Sir Michael Rutter.

An Exciting IACAPAP program has launched, Please welcome The Early Career Group (ECG)!

By:

Dicle Buyuktaskin Tuncturk, Child and Adolescent Psychiatrist, Turkey
Dina Mahmood, Child and Adolescent Psychiatrist, Sydney, Australia

The Need

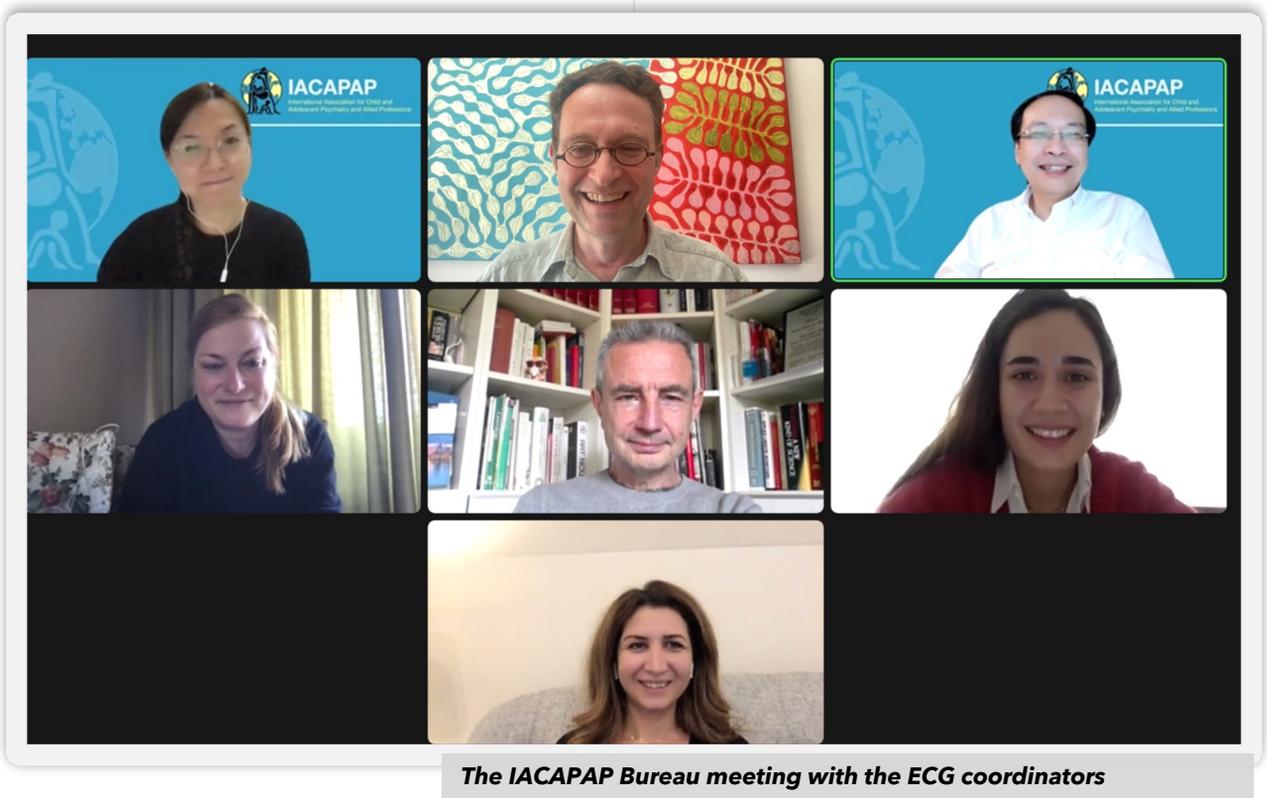
Getting certified after years of training, exams and hard work is so exciting, it is to some people a dream come true. However, in waking up from this dream, embarking on a new career poses many challenges as professional identity is refined outside of the training scaffold. Professional development, work-life balance, social-professional networking and academic contributions are all examples of ingredients in the recipe for professional fulfilment and they are unique to each person. And because the world has been more connected than ever through digital media, electronic resource sharing and exchange of expertise is becoming the hallmark of modern education and career growth. One issue here is finding the 'right and best' resources that match individual needs with the many options on offer, which can be especially problematic in the field of child and adolescent mental health due to the diverse nature of service delivery needs, uneven distribution of skills and the cultural cast on clinical problems, all making it hard to adopt a 'one model fits all'.

The Idea

The Early Career Group (ECG) is set to support a 'right and best' start by

bringing young child and adolescent mental health professionals together around navigating their own growth in this critical time of their career. This new program compliments the other programs of IACAPAP, including The Helmut Remschmidt Research Seminar and The Donald J. Cohen Fellowship Program that are mentorship/training programs to inspire young colleagues in their professional growth. The programs of IACAPAP were praised by many colleagues and described to have a crucial effect on their professional lives. ECG builds on IACAPAP's mission in global promotion of children and adolescents mental health by offering enhanced opportunities for professional development much earlier in the career of clinicians and researchers and by broadening their horizons through joint international networking.

ECG offers a unique combination of professional/educational growth and collaboration among young IACAPAP members by serving as the meeting point for those professionals to get inspired, collaborate globally, start international public health and research projects, and learn from other countries' organizations and policies. The group will also be a specific platform for sharing ideas,



The IACAPAP Bureau meeting with the ECG coordinators

facilitating lectures and opportunities for long term mentorship in child and adolescent mental health. The Group aims to adapt a dynamic and interactive agenda shaped by the needs of its members. Last but not the least, the group is expected to foster recreational and social functions for those young professionals that are full of life!

Who we are

The needs of ECG members will be organized by the two coordinators who will ensure that ECG members are warmly connected to the rest of the IACAPAP family of professionals to harbor their 'right and best' early journey in the child and adolescent mental health workforce. Coordinators will also keep the group members linked and, as needed, open channels of interactions

between members from various parts of the world so as to 'start together and grow bigger'.

Dr Dicle Buyuktaskin Tuncturk is a medical doctor specialised in Child and Adolescent Psychiatry and a PhD candidate in Neuroscience at Gazi University, Ankara, Turkey. After graduating from Marmara University School of Medicine with the Dean's High Honor List, she attended Gazi University School of Medicine for her specialization. Her interests in psychology, science and community development united in the field of child and adolescent psychiatry.

During her educational years, she gained international academic and clinical experience by participating in internships in different countries which has given her

a global understanding of ideas that can benefit the community. She has attended numerous trainings conducted by external (both in Turkey and overseas) experts and has participated in many national and international conferences where she presented academic work and educational lectures and published in peer-reviewed journals. She has ongoing research projects on neurodevelopmental disorders both in humans and animals.

She was also a fellow of the Helmut Remschmidt Research Seminar in Singapore 2020 which enabled her to gain precious insights into scientific research. She is also a part of the global communications team of IACAPAP. Dr Dicle Buyuktaskin Tuncturk desires to maintain her interests and be an active contributor to IACAPAP as the ECG Coordinator which offers a unique combination of professional/educational growth and collaboration among young IACAPAP members.



Dr Dicle Buyuktaskin Tuncturk

Dr Dina Mahmood is a Child and Adolescent Psychiatrist with expertise in the area of paediatric consultation-liaison at the Sydney Children's Hospital Network. She is a clinical lecturer at the University of Sydney and an accredited supervisor for the Royal Australian and New Zealand College of Psychiatrists. Outside work, she enjoys the company of her three busy children, her family and social network.

Dr Mahmood earned her medical degree from the University of Baghdad and worked in rural and regional Australia for several years after arriving on a humanitarian visa. During her distinguished early career journey in child psychiatry, she developed educational material for the formal training programs. She has several publications in conferences and in peer-reviewed journals. Her research interest is taking a focus on children with chronic medical illness addressing procedural phobia, medical trauma and attachment disruption. She is currently involved in clinical trials in this area. She is an active member in local professional working groups concerned with paediatric emergency psychiatry and climate change & mental health.



Dr Dina Mahmood

She has a special interest in mental health workforce capacity building in areas where child psychiatry is under-served and has launched a professional Australian-Iraqi collaboration with the Iraqi board of medical specialisations to set the foundation of child and adolescent psychiatry training in Iraq. She is looking forward to embark in this new adventure as a coordinator for the Early Career Group with IACAPAP where she hopes to support the early journey of clinicians and academics in child and adolescent mental health.

How to get involved

Applicants to join the Early Career Group will need to demonstrate proof that they are trainees or within seven years of qualification in child and adolescent psychiatry, general psychiatry, or allied profession. Details on the application for enrolment in Early Career Group can be found [here](#).



EARLY CAREER GROUP (ECG) PROGRAM

About Us
Aims to boost professional/educational growth and collaboration among young IACAPAP members.

Become a ECG Member
Apply Now

For More Information :
<https://iacapap.org/programmes/early-career-group.html>



CAPMH Corner

By: Lakshmi Sravanti, India
Associate Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the current issue summarizes the following three recently published studies- socioemotional development in infants of pregnant women during the COVID-19 pandemic: the role of prenatal and postnatal maternal distress (Duguay et al., 2022), normative data for the self-reported and parent-reported Strengths and Difficulties Questionnaire (SDQ) for ages 12-17 (Vugteveen, de Bildt, and Timmerman, 2022), and evaluating the effectiveness of a transdiagnostic universal prevention program for both internalizing and externalizing problems in children: two feasibility studies (Kishida, Hida, and Ishikawa, 2022).

Research article | [Open Access](#) | [Published: 31 March 2022](#)

Socioemotional development in infants of pregnant women during the COVID-19 pandemic: the role of prenatal and postnatal maternal distress

[Gabrielle Duguay](#), [Julia Garon-Bissonnette](#), [Roxanne Lemieux](#), [Karine Dubois-Comtois](#), [Kristel Mayrand](#) & [Nicolas Berthelot](#) ✉

Child and Adolescent Psychiatry and Mental Health **16**, Article number: 28 (2022) | [Cite this article](#)

Duguay et al., (2022) note the adverse impact of the COVID-19 pandemic on pregnant women and highlight the negative influence of prenatal and postnatal distress on early child development. They evaluate the effects of general maternal distress on early infant development during the COVID-19 pandemic through their study.

The team recruited pregnant women who are older than 18yrs from online social media platforms during the first COVID-19 mandatory lockdown in the Province of Quebec, Canada (T1, from 2-13 April

2020). At the second assessment (T2, from 13 July - 19 February 2021), participants who accepted to be re-contacted with an infant between 6-13 weeks were invited to participate. The studied a sample of 468 women and their infants. The authors operationalized maternal distress using the French versions of the Kessler Psychological Distress Scale (K10) and of the Edinburgh Postnatal Depression Scale (EPDS). They assessed infants' socioemotional development between 6 and 13 weeks postpartum using the 2-month version of the Ages and Stages Questionnaire: Social-Emotional, second edition (ASQ:

SE-2) and conducted Pearson correlations, ANCOVA and structural equation modeling (SEM) analyses with MPlus.

Authors report that prenatal and postnatal maternal distress account for 13.7% of the variance in infant socioemotional development. As per their research, maternal prenatal symptoms are indirectly and significantly associated with developmental delays via maternal postnatal symptoms, $b = 0.084$, 95% CI [0.038, 0.131], and only postnatal symptoms have a direct and significant effect on developmental delays, OR = 1.14, 95% CI [1.064, 1.225]. They conduct a post hoc analysis (Bonferroni correction) that shows that only mothers who reached a clinical level of distress at both time points reported poorer infant development ($n = 62$, $M = 28.205$, $SE = 1.894$) than mothers without any distress ($n = 257$, $M = 21.116$, $SE = 0.929$), mean difference = -7.089 , $p = 0.005$, $SE = -0.475$. Thus,

they observe that only mothers with persisting distress over pregnancy and the postnatal period reported significantly poorer infant development, and not mothers who reached clinical levels of distress solely at the postnatal assessment.

The authors note that symptoms of anxiety and depression are expected when facing challenging life circumstances such as the COVID-19 pandemic. They suggest that pregnant women should consider such symptoms as a warning signal and not worry overly about their consequences for their child. They acknowledge that they lack data over the whole course of pregnancy or about breastfeeding and that they cannot establish causal links as it is a correlational design. They recommend future research to study specific impacts of different COVID-19 stressors (financial, public health, loss of social support) on perinatal mental health and its link with infant development.



CHECK OUT IACAPAP'S
RESOURCE FOR CONFLICT
AND CRISES ON THE WEBSITE!

<https://iacapap.org/conflict-and-crises.html>

Research article | [Open Access](#) | [Published: 18 January 2022](#)

Normative data for the self-reported and parent-reported Strengths and Difficulties Questionnaire (SDQ) for ages 12–17

[Jorien Vugteveen](#) , [Annelies de Bildt](#) & [Marieke E. Timmerman](#)

Child and Adolescent Psychiatry and Mental Health **16**, Article number: 5 (2022) | [Cite this article](#)

1222 Accesses | [Metrics](#)

Vugteveen et al., (2022) set out to provide joint norms and gender-specific norms per year of age for the Dutch Strengths and Difficulties Questionnaire [(SDQ), self-reported and parent-reported versions] for use among 12- to 17-year-old adolescents. The SDQ is widely used to screen for psychosocial problems among adolescents. SDQ has multiple language versions. Authors state that the occurrence of psychosocial problems is related to age and gender, however, joint norms and gender-specific norms per year of age were not established for any of the language versions of SDQ. They further highlight that in the Netherlands, SDQ scale scores are analysed using old norms that were established based on a British sample that are neither age-specific nor gender-specific and that the Dutch norms for its parent-reported version were only recently established. In addition, the SDQ scale scores provided by Dutch adolescents and their parents result in much lower detection rates than the intended 10% of the most extremely scoring adolescents.

The team collects SDQ data in three waves at schools for secondary

education: (1) in 2009/2010 data (n = 519), (2) in 2011-2013 (n = 331), and (3) in 2016/2017 (n = 443). They exclude 246 of the 1293 adolescents and parents as some socio-demographic information was missing. The remaining 1047 adolescents and parents form the norm groups for the self-reported (n = 993) and the parent-reported (n = 736) versions. The authors calculate gender-specific norms and joint norms for 8 scales (1 strengths scale, 4 difficulties scales, 1 total difficulties scale, 1 externalizing difficulties scale, 1 internalizing difficulties scale but not for the impact scale that was later added to the SDQ) per SDQ version (adolescent, parent). They estimate population distribution by using the Box-Cox power exponential (BCPE) distribution and determine norms through regression-based norming using generalized additive models for location, scale, and shape (GAMLSS) and perform reliability analyses at the item level.

The team establishes joint 'abnormal' cutoffs to identify a maximum of 10% of all adolescents, resulting in the identification of relatively more male than female adolescents as scoring 'abnormal'

on scales measuring externalizing problems (self-reported and parent-reported SDQ versions), and of relatively more female than male adolescents as parent-reported SDQ versions), and of relatively more female than male adolescents as scoring 'abnormal' on scales measuring internalizing problems (self-reported SDQ version). They present norms for 15-year-old male and female adolescents for all eight scales of the parent-reported SDQ version, as an example of what the norms look like. In this age group (for the parent-reported version), the norms show higher occurrence rates of hyperactivity/inattention and externalizing problems for male than for female adolescents. Consequently, the cutoff values for classifying scores on these scale as 'borderline' or 'abnormal' are higher for males than for females. For example, they consider hyperactivity scale scores ≥ 5 as 'abnormal' for females, whereas ≥ 7 as abnormal for males scores.

The authors note that the norms show the presence of age- and gender-effects in the reported extent to which problems occur. They reinstate that they provide gender-specific norms in addition to the joint norms, therewith facilitating the comparison of an adolescent's scores to different reference groups. They advise a reconsideration of using the British norms in Dutch (mental) healthcare practice and presume their newly established norms to be more useful for interpreting Dutch adolescents' scores because they are a) fairly recent (norms can become outdated), (b) age-specific, (c) available for the self-reported and the parent-reported SDQ versions, (d) established using regression-based (i.e., continuous) norming, and (e) based on decent sample sizes, with representativity issues (regarding gender and ethnic background) corrected for.

**25th World Congress of the
International Association for
Child and Adolescent Psychiatry
and Allied Professions**



Research article | [Open Access](#) | [Published: 03 February 2022](#)

Evaluating the effectiveness of a transdiagnostic universal prevention program for both internalizing and externalizing problems in children: two feasibility studies

[Kohei Kishida](#) , [Noriko Hida](#) & [Shin-ichi Ishikawa](#)

Child and Adolescent Psychiatry and Mental Health 16, Article number: 9 (2022) | [Cite this article](#)

621 Accesses | 8 Altmetric | [Metrics](#)

Kishida et al., (2022) highlight the advantages of universal approaches to prevention and the usefulness of transdiagnostic preventive interventions. The Universal Unified Prevention Program for Diverse Disorders (Up2-D2) is a teacher-delivered cognitive-behavioral and positive psychological intervention, developed as a transdiagnostic preventive intervention program that can address both internalizing and externalizing problems in children and adolescents (Ishikawa et al., 2019). They mention that previous feasibility trials demonstrated that the Up2-D2 can be effective for decreasing general difficulties not only in general samples but also in high-risk or subclinical samples. However, the impact of the types of teacher training and degree of ongoing supervision on the effectiveness of the Up2-D2 was not investigated. Through the present study, they examine the effectiveness of the Up2-D2 for both internalizing and externalizing problems in children aged 9-11 years, implementing two feasibility studies - one study includes on-site teacher training and ongoing supervision, and the other includes only

self-learning DVD materials in place of training and supervision.

The team executes distinct methodologies for Study 1 (elementary school A) and Study 2 (elementary school B). They provide 1.5 h of on-site teacher training for learning rationales for interventions, how to run the program, and ongoing supervision to teachers in Study 1. However, they supply only self-learning DVD materials to teachers in Study 2. Two teachers implement the program about once every two weeks from September 2020 to February 2021 in school A and three teachers implement the program about once every two weeks from September 2020 to March 2021 in school B. The Up2-D2 program consists of 12 sessions: psychoeducation about emotion (session 1), behavioral activation (session 2), social skills training (sessions 3 and 4), relaxation (session 5), strength work (session 6), cognitive restructuring (sessions 7 and 8), exposure (sessions 9 and 10), problem-solving (session 11), and review and conclusion (session 12). Each session lasts for 45-50 min. The authors assess the subjects using the

Japanese version of the self-reported Strengths and Difficulties Questionnaire (SDQ), short version of the Spence Children's Anxiety Scale (Short CAS), short version of the Depression self-rating scale for children (DSRS-C), Anger scale for children and adolescents (ASCA). They conduct mixed model analyses with time (pre-assessment and post-assessment) as a fixed effect and both individual and class as random effects. They calculate the effect sizes (Hedges' g) and 95% confidence intervals (CIs).

Results for the total samples reveal that general difficulties decreased in Study 1 ($g = -0.20$), but not in Study 2 ($g = 0.15$). Additional analyses of the subclinical samples reveal that general difficulties, internalizing problems, and externalizing problems decreased in Study 1 ($g = -0.79$; $g = -0.52$; $g = -0.60$, respectively), whereas general difficulties and internalizing problems decreased in Study 2 ($g = -0.69$; $g = -0.55$). The authors conclude that interactive training and continuous supervision is essential to make the most of universal preventive interventions in schools. They acknowledge the lack of a control group and follow-up measurements, the use of only self-reported measures and the lack of assessments of teachers (teacher motivation, teachers' mental health literacy, and fidelity of intervention delivered by teachers were not measured) as limitations of their study. They also mention that the data were obtained from only Japanese samples and are unsure if the data were representative of the population of Japanese children in general or not. They suggest future research to examine

potential moderators, including age and/or grade, in terms of universal preventive programs in schools and to measure mediation variables to examine why this program might be effective for generalized difficulties.

REFERENCES:

- Duguay, G., Garon-Bissonnette, J., Lemieux, R. et al. Socioemotional development in infants of pregnant women during the COVID-19 pandemic: the role of prenatal and postnatal maternal distress. *Child Adolesc Psychiatry Ment Health* 16, 28 (2022). <https://doi.org/10.1186/s13034-022-00458-x>
- Ishikawa, Si., Kishida, K., Oka, T. et al. Developing the universal unified prevention program for diverse disorders for school-aged children. *Child Adolesc Psychiatry Ment Health* 13, 44 (2019). <https://doi.org/10.1186/s13034-019-0303-2>
- Kishida, K., Hida, N. & Ishikawa, Si. Evaluating the effectiveness of a transdiagnostic universal prevention program for both internalizing and externalizing problems in children: two feasibility studies. *Child Adolesc Psychiatry Ment Health* 16, 9 (2022). <https://doi.org/10.1186/s13034-022-00445-2>
- Vugteveen, J., de Bildt, A. & Timmerman, M.E. Normative data for the self-reported and parent-reported Strengths and Difficulties Questionnaire (SDQ) for ages 12-17. *Child Adolesc Psychiatry Ment Health* 16, 5 (2022). <https://doi.org/10.1186/s13034-021-00437-8>

April 23 has been declared the World Infant, Child and Adolescent Mental Health Day (WICAMHD) by the world's leading psychiatric organizations for child and adolescence.

Singapore - [Media OutReach](#) - (11 May 2022) Research has shown that most mental disorders develop in childhood and adolescence (before the age of 25), and one-quarter of number of years lost to disability or illness for mental and substance use disorders occur in youths. Recognising the urgency to address this burgeoning issue and to galvanise the global community to take ownership and action, the International Association for Child and Adolescent Psychiatry and Allied Professions ([IACAPAP](#)), International Society for Adolescent Psychiatry and Psychology ([ISAPP](#)), World Association for Infant Mental Health ([WAIMH](#)), and World Psychiatric Association Child and Adolescent Psychiatry ([WPA-CAP](#)) have jointly declared **April 23 as the World Infant, Child and Adolescent Mental Health Day (WICAMHD) with a launch event on that day.**

Research has also shown that most mental disorders develop in childhood and adolescence (before the age of 25), and one-quarter of disability-adjusted life years for mental and substance use disorders occur in youths. Adverse Childhood Experiences (ACEs) are also contributing factors in the development of mental disorders in adult years. The indirect and compounding effects of this is a ballooning economic burden on

societies, especially in the areas of healthcare utilisation and productivity loss.



Below are excerpts from speakers at the Launch: Associate Professor Daniel Fung, President of the IACAPAP said, "Studies of adults with both mental and physical illnesses have also shown that adverse childhood experiences can have long lasting effects later in life. The emphasis by most governments has always been on adults in both financial budgeting as well as policy development. We hope to change this with the World Infant Child

and Adolescent Mental Health Day, by relooking our priorities and having the right reasons for planning our future. If there is no health without mental health, then the key to health and well-being of people and nations lies with our young, and we should take early steps to protect their mental health."

Prof Campbell Paul, President for WAIMH said, "Early intervention means intervening early in childhood and before mental health problems become established when it is more difficult to help the child or young person resume a healthy social and emotional developmental trajectory. Around the world mental health services for infants, children and adolescents are patchy and sparse with many countries and communities having literally no access to child mental health services,"

Prof Norbert Skokauskas, Chair for WPA-CAP said, "We are aware of the current unmet needs in global child and adolescent mental health and it's critical for us to call for an integrated approach with a clear vision for change, political support and funding to implement the vision, and trained healthcare workforce to implement the change in clinical practice,".

Prof Mario Speranza, President of the ISAPP said, "Supporting adolescents' mental health is not just a duty toward a significant part of the population. It may be useful to remind ourselves that children and adolescents represent over a quarter of the world population. It's much more a question of investing in the most promising elements of our society. Raise the awareness of the specific needs of children and adolescents and

supporting their mental health means investing in our very own future. This is the reason for celebrating the World Infant, Child and Adolescent Mental Health Day,"

The designation of Apr 23 as WICAMHD draws recognition of the importance of infant, child and adolescent mental health; and encourages stakeholders to advocate for the promotion of mental health and prevention of mental illness in the young by:

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

The prevalence of mental disorders continues to rise in the young and is higher than in older-age groups. An improved understanding of this, as well as better awareness among communities and helping professionals cannot be underestimated.

A recording of the launch event can be viewed at <https://www.youtube.com/watch?v=jgOV4WR0m7I>

About the organisations



IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP)

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) mission is to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research.

The mission of IACAPAP is to promote child and adolescent psychiatry and the mental health and development of children and adolescents through policy, practice, training and research.

For more information, visit: <https://iacapap.org/>

INTERNATIONAL SOCIETY OF ADOLESCENT PSYCHIATRY AND PSYCHOLOGY (ISAPP)



International Society for Adolescent Psychiatry and Psychology (ISAPP) is an organization established to work for the mental health of adolescents, and it is comprised of individual members devoted to working with adolescents, either in the field of child psychiatry and psychology or adult psychiatry and psychology.

The International Society for Adolescent Psychiatry and Psychology's (ISAPP) mission is to increase public and professional awareness about the mental health and development of adolescents all around the world.

For more information, visit: <http://www.isapp.org/>



WORLD ASSOCIATION FOR INFANT MENTAL HEALTH (WAIMH)

The World Association for Infant Mental Health (WAIMH) is a not-for-profit organization for scientific and educational professionals. WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations and generating and disseminating scientific knowledge.

WAIMH's mission promotes education, research, and study of the effects of mental, emotional and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers.

For more information, visit: <https://waimh.org/>



WORLD PSYCHIATRIC ASSOCIATION CHILD AND ADOLESCENT PSYCHIATRY SECTION (WPA-CAP)

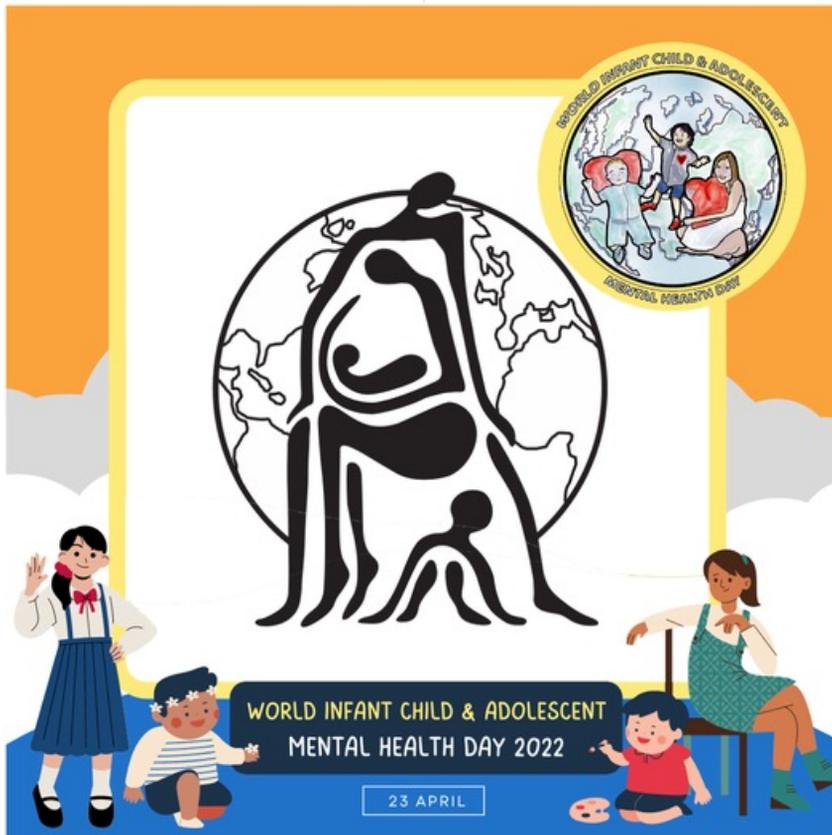
The World Psychiatric Association Child and Adolescent Psychiatry (WPA-CAP) section supports the overall mission and goals of the WPA in:

- Working with its members and partners around the world to promote child and adolescent mental health and to encourage the highest possible standards of clinical practice and ethical behaviour in child and adolescent psychiatry.

- Contributing to education programs and research, meetings, and publications to increase knowledge about child and adolescent mental disorders and skills in addressing them.
- Disseminating knowledge about evidence-based therapy and values-based practice in child and adolescent psychiatry.
- Being a voice for the dignity and human rights of young patients and their families.
- Upholding the rights of the child and adolescent psychiatrists where they may be challenged.

For more information, visit:

<https://www.wpanet.org/child-adolescent-psychiatry>



6TH IACAPAP **LUNCH & LEARN WEBINAR**

PREVALENCE AND BURDEN
OF PSYCHIATRIC DISORDERS
IN CHILDREN AND
ADOLESCENTS IN LEBANON

By Dr Fadi Maalouf

**WESNESDAY , 27 JUL
1.00 PM CEST**



- Event : 6th IACAPAP Lunch & Learn Webinar
Date : Wednesday, Jul 27, 2022
Time : 1.00 PM - 1.45 PM CEST (Central European Summer Time)
Topic. : Prevalence and burden of psychiatric disorders in child and adolescent in Lebanon
Speaker. : Dr Fadi Maalouf
*Associate Professor & Chairperson
Department of Psychiatry
Faculty of Medicine and Medical Center
American University of Beirut*

[To register](#)

The webinar is open for public.

This webinar will be conducted virtually via Zoom. There is no cost to attend, but registration is required in advance. Seats are limited and it's based on first come, first served.

For more information, please click [here](#)



IACAPAP Education Travel Grant was established to support attendance from LMIC to attend the Association's conferences, including IACAPAP World Congress.

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

A. Timeline

- Application open: 1 February 2022
- Application deadline: 30 August 2022
- Notification of outcome: **15 October 2022**

B. Nature of Grant

The grantee of the IACAPAP Travel Grant receives the following to attend IACAPAP conferences:

- Up to USD 500 (five hundred US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel within the continent OR up to USD 1,000 (one thousand US Dollars) on reimbursement of airfare, transportation, and lodging expenses for travel outside the continent.
 - Airfare
 - Travel Expenses: Economy bus and train are covered by the travel grant. Taxi fares, parking fees, and fuel costs if you are driving to the site of the convention/conference are also acceptable.
 - Lodging expenses: Hotel, hostel, or other expenses towards lodging incurred during the convention/conference.

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

C. Eligibility

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

D. Application

All applications should be submitted online. To apply online (click [here](#)) with additional supporting documentation:

1. Letter of recommendation/reference from current supervisor (300 words max) indicating name, affiliation, address, contact details.
2. Curriculum vitae, maximum 02 pages, including previous awards, education, publications, research activities and further information deemed relevant

3. A copy of the abstract you are submitted.
4. A copy of the letter of invitation from the conference organiser indicating that you are presenting your paper during the conference.
5. A copy of the official receipt for the congress registration.
6. The application must be completed via an online form. Application via email is not acceptable. Please have all necessary documents in PDF format to upload.

The application must be completed via an online form. Application via email is not acceptable. Please have all necessary documents in PDF format to upload.

E. Notification of Outcome

You will receive an award letter via email from the Administrator of IACAPAP notifying you that you have been awarded a grant. You will also receive an email notifying you if you were not selected to receive a grant and a notification if we have a waitlist.

Apply now!



Join Our Membership

We welcome interested individuals to become Individual Member of IACAPAP.

Contact us
info@iacapap.org



ADVERTISING OPPORTUNITIES!

Approximate circulation: 7,000

Distributed to the entire IACAPAP mailing database!!

Deadline	15 AUGUST 2022 (Graphics are due upon purchase of ad space)
Full Page	USD 2,000 (full colour)
½ Page	USD 1,500 (full colour)
¼ Page	USD 900 (full colour)

Print Ad Specifications

Full page 8.5"w x 11"h

1/2 page 7.25"w x 5"h

1/4 page 3.5"w x 5"h

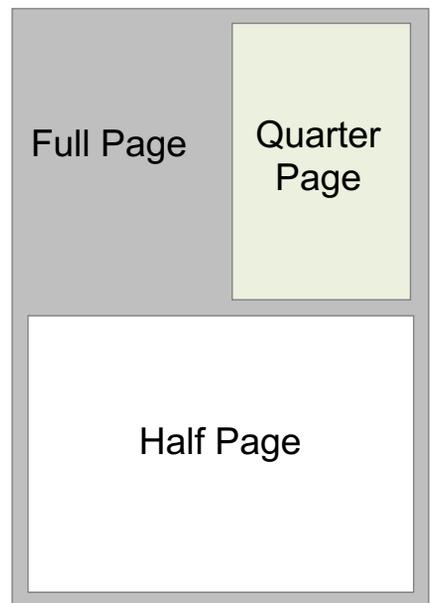
Conditions Advertising space is limited, and ads will be accepted on a first-come, first-served basis. The IACAPAP has the right to refuse or approve all ads. No ads will run until payment has been received. A late payment charge is assessed on unpaid balances. The late payment fee is 1.5% of the unpaid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

Please note: Commissions for advertising agencies are not included.

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

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

For enquiries, please email info@iacapap.org





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

SUBMIT AN ARTICLE TO THE IACAPAP BULLETIN!

For more information please contact:

Hesham Hamoda

hesham.hamoda@childrens.harvard.edu

Maite Ferrin

maiteferrin@yahoo.es



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

IACAPAP Member Organisations

Full Members

Algerian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

American Academy of Child and Adolescent Psychiatry (AACAP)

Associação Brasileira de Neurologia, Psiquiatria Infantil e Profissões Afins (ABENEPI)

Asociación Argentina de Psiquiatría Infanto Juvenil y Profesiones Afines (AAPI)

Asociación de Psiquiatria y Psicopatología de la Infancia y la Adolescencia (APPIA)

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

Association for Child and Adolescent Mental Health (ACAMH)

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

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

Association for Child and Adolescent Psychiatry in Bosnia and Herzegovina

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

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

Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

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

Canadian Academy of Child and Adolescent Psychiatry (CACAP)

Child and Adolescent Psychiatry Section of Estonian Psychiatric Association

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

Chinese Society of Child and Adolescent Psychiatry (CSCAP)

Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)

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

Egyptian Child and Adolescent Psychiatry Association (ECAPA)

Emirates Society for Child Mental Health (ESCAM)

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

Finnish Society for Child and Adolescent Psychiatry (LPSY)

Flemish Association of Child and Adolescent Psychiatry | Vlaamse Vereniging Kinder- en Jeugdpsychiatrie (VVK)

French Society of Child and Adolescent Psychiatry and Allied Health | Société Française de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées (SFPEADA)

French-Speaking Child and Adolescent Psychiatry Belgian Society (SBFPDEA)

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

Hungarian Association of Child and Adolescent Psychiatry and Allied Professions (HACAPAP)

Icelandic Association for Child and Adolescent Psychiatry

Indian Association for Child and Adolescent Mental Health (IACAM)

Indonesian Association of Child and Adolescent Mental Health (PERKESWARI)

Iranian Association of Child and Adolescent Psychiatry (IACAP)

Italian Society of Child and Adolescent NeuroPsychiatry | Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)

Korean Academy of Child and Adolescent Psychiatry (KACAP)

Kuwait Association for Child and Adolescent Mental Health (KACAMH)

Latvian Association of Child Psychiatrists (LACP)

Lithuanian Society of Child and Adolescent Psychiatry (LVPPD)

Malaysian Child and Adolescent Psychiatry Association (MYCAPS)

Netherlands Psychiatric Association - Department of Child and Adolescent Psychiatry | Nederlandse Vereniging voor Psychiatrie (NnvP)

Philippines Society for Child and Adolescent Psychiatry (PSCAP)

Polish Psychiatric Association - Child and Youth Psychiatry Section

Portuguese Association of Child and Adolescent Psychiatry | Associação Portuguesa de Psiquiatria da Infância e da Adolescência (APPIA)

Posikiater per Femije dhe Adoleshent (KCAHAMHA)

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

IACAPAP Member Organisations

Full Members Continued...

Russian Association for Child Psychiatrists and Psychologists (ACPP)

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

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

Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association

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

Slovenian Association for Child and Adolescent Psychiatry (ZOMP)

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

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

Spanish Association of Child and Adolescent Psychiatry | Asociación Española de Psiquiatria del Niño y del Adolescente (AEPNYA)

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

Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP)

Swedish Association for Child and Adolescent Psychiatry | Svenska Föreningen för Barn-och Ungdomspsykiatri (SFBUP)

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

The Hellenic Society of Child and Adolescent Psychiatry (HSCAP)

The Hong Kong College of Psychiatrist

The Israel Child and Adolescent Psychiatric Association

The Japanese Society of Child and Adolescent Psychiatry (JSCAP)

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

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

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Turkish Association of Child and Adolescent Psychiatry (TACAP)

Affiliated Members

African Association Child & Adolescent Mental Health (AACAMH)

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

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

Association Européenne de Psychopathologie de l'Enfant et de l'Adolescent (AEPEA)

Czech Expert Community for Inclusive Education | Česká odborná společnost pro inkluzivní vzdělávání, z. s. (COSIV)

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

European Federation for Psychiatric Trainees (EFPT)

European Society for Child and Adolescent Psychiatry (ESCAP)

Federación Latinoamericana de psiquiatria de la Infancia, Adolescencia (FLAPIA)

First Step Together Association for special education (FISTA)

Pakistan Psychiatric Society (PPS)

IACAPAP Officers

www.iacapap.org

BUREAU

President

Daniel Fung Shuen Sheng MD
CEO, Institute of Mental Health
Singapore
Adjunct Associate Professor
Lee Kong Chian School of Medicine,
Nanyang Technological University
Yong Loo Lin Medical School and
DUKE NUS Medical School, National
University of Singapore
daniel_fung@imh.com.sg

Secretary General

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

Treasurer

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

Past President

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

Vice Presidents

Andres Martin MD, MPH (USA)
andres.martin@yale.edu

Bung-Nyun Kim MD, PhD (South
Korea)
kbn1@snu.ac.kr

Flora de la Barra MD (Chile)
torbarra@gmail.com

Hesham Hamoda MD, MPH (USA)
hesham.hamoda@childrens.harvard.edu

Kaija Puura MD (Finland)
Kaija.Puura@tuni.fi

Maite Ferrin MD, PhD (Spain)
maiteferrin@yahoo.es

Michal Goetz MD (Czech Republic)
michal.goetz@lfmotol.cuni.cz

Nicholas Mark Kowalenko MD
(Australia)
Nicholas.Kowalenko@health.nsw.gov.au

Tolulope Bella-Awusah MD
(Nigeria)
bellatt2002@yahoo.com

Honorary Presidents

Helmut Remschmidt MD, PhD
(Germany)
remschm@med.uni-marburg.de

Myron L. Belfer MD, MPA (USA)
Myron_Belfer@hms.harvard.edu

Monograph Editor

Matthew Hodes MBBS, BSc, MSc,
PhD, FRCPsych (UK)
m.hodes@imperial.ac.uk

Monograph Co-Editor

Petrus J de Vries MD (South Africa)
petrus.devries@uct.ac.za

Bulletin Editor

Hesham Hamoda MD, MPH (USA)
hesham.hamoda@childrens.harvard.edu

Bulletin Deputy Editor

Maite Ferrin MD, PHD (Spain)
maiteferrin@yahoo.es

e-Textbook Editors

Andres Martin MD, MPH (USA)
andres.martin@yale.edu

Joseph M. Rey MD, PhD (Australia)
jmrey@bigpond.net.au

Helmut Remschmidt Research Seminars Coordinators

Petrus J de Vries MD (South Africa)
petrus.devries@uct.ac.za

Donald J. Cohen Fellowship Program Coordinators

Ayesha Mian MD (Pakistan)
ayeshamian174@gmail.com

Naoufel Gaddour MD (Tunisia)
naoufel.gaddour@gmail.com

Presidential Fellows for Global Education

Julie Chilton (USA)
Julie.chilton@yale.edu

Presidential Fellows for Global Fundraising

Liu Jing (China)
llyuch@163.com

IACAPAP Councilors

Fusun Cetin Çuhadaroglu (Turkey)
fusuncuha@gmail.com

Gordon Harper MD (USA)
Gordon_harper@hms.harvard.edu

Yi Zheng (China)
yizheng@ccmu.edu.cn

Connect with us!

