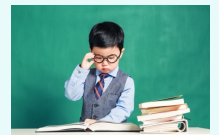




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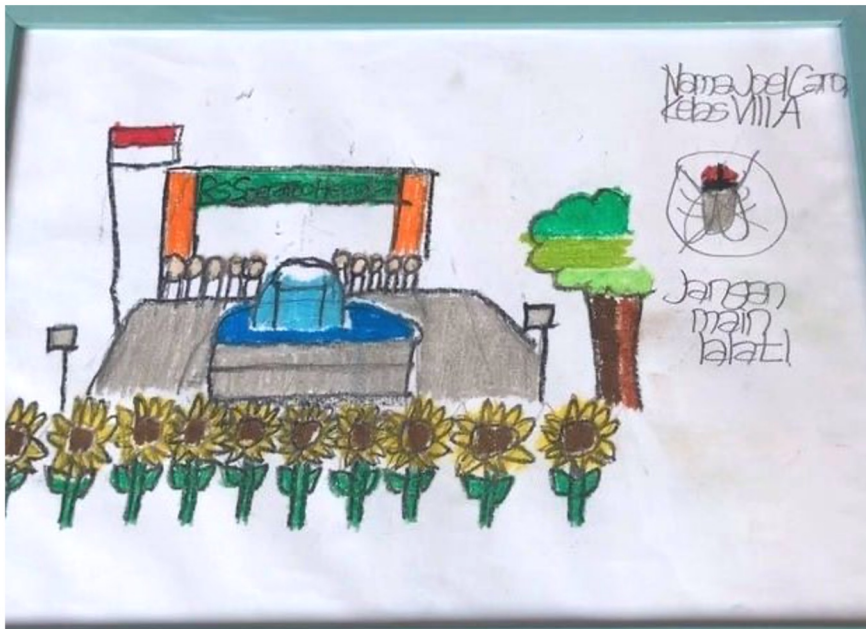
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Webinar

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## President's Message

### Good moon rising: IACAPAP in the Metaverse

*This is the period of the mid-autumn festival which is celebrated in many parts of East Asia. It is a time of celebrating the harvest and believed to be the largest and roundest full moon for the year. I have many childhood memories of carrying a lantern and playing with candles during this period.*

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# President's Message Sep 2022: Good moon rising: IACAPAP in the Metaverse

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

This is the period of the mid-autumn festival which is celebrated in many parts of East Asia. It is a time of celebrating the harvest and believed to be the largest and roundest full moon for the year. I have many childhood memories of carrying a lantern and playing with candles during this period. The delicious mooncakes traditionally made of lotus seed paste is wrapped around orange balls of salted egg yolk. If you are fortunate, the mooncake can carry up to 2 yolks although it is equally nice to just savour the sweet lotus seed paste. These days, the mooncakes are much more elaborate with all kinds of fillings including chocolate and various flavours common in our region including the rather acquired taste of durian, known as the king of fruits. The mooncakes in Singapore are exquisitely packed into all forms of attractive boxes which are collectibles in their own right. The carrying of lanterns and the eating of mooncakes remind me of the importance of culture and tradition in understanding the mental health of children.

Children do not develop in a vacuum, but are wrapped sometimes tightly, and in other times, more loosely in the environment created by their caregiving



adults. These developmental phases form important sensitive periods for children. Sensitive because they can affect children positively, allowing them to grow with confidence and happiness so as to become well adjusted, stable adults. Conversely, these could be adverse experiences that may warp and, in severe circumstances, traumatise a child. Traditionally, the adverse experiences focus on family disruption including acrimonious separations of parents, problematic parental conflicts and mental illness poorly managed in parents. Today, there are new challenges to the environment of the child. A baby born in this age of infocomm technology (ICT) can be exposed to potentially adverse experiences within very loving

and caring families. Infocomm refers to information and communication. Media is the channel upon which information and communication reach our children. Information is knowledge but we know that some knowledge requires developmental maturity to process effectively. What happens when a young child is exposed to violence on new media? Communication is about the ways that children learn language and express their views through it. Again, new media, which is now highly interactive may change that dynamic. As a child develops into adolescence, new media becomes increasingly interactive and forms new ways in which information and communication is part of a social process. Hence the term social media. Today, we speak less of the impact of social media but more of how our children and adolescents must live with social media, much like how we deal with a pathogen that has become endemic. The old adage, if you can't beat them, join them is fairly true, as there is no way to exclude a growing child from media. There is a need for mental health professionals working with children and adolescents to embrace social media, dissect its difficulties but use its pervasiveness for the greater good. The culture of knowing the news instantly, learning global practices and traditions extensively as well as reacting to emotions openly, is a global one. I reckon that all the practices and traditions which used to define our geographic and social standing is now coming together in the connected global village. So, we as mental health professionals must learn to harness this new globalised culture and build on its strengths to help children and adolescents grow to their potential. How can we do this?

1. Do not hide behind professional boundaries when communicating with youths. Be accessible to them in various ways. Allow youths to connect with you beyond the physical consult. It is possible to monitor an email conversation as part of professional supervision, sometimes better than just sharing in a regular meeting with peers and supervisors. Emails and other communications channels allow better monitoring of boundaries than supervision discussions because the communication is captured verbatim.




2. Learn to understand the various forms of evolving social media that our young patients gather in and see the good along with the bad. A good coach needs to understand the game as much as knowing the players. I often meet psychiatrists who tell me they have no social media and don't see its value. This will make working with youths much more difficult. So I recommend that all child and adolescent mental health professionals get onto social media.

3. Create content that promote mental health literacy. [Tik Tok](#) is now one of the fastest growing social media platforms. I have no stake in [Tik Tok](#) but I recognise the value of trying to produce content which can reach young people. The same can be said of Facebook, Instagram and many other social media channels that the young may congregate. Fight fake news with real content that informs, advise and support young people in distress.
  
4. Work with ICT to develop mental health interventions and not keep our traditional modes of assessment and therapy. Telehealth has developed by leaps and bounds but our therapists have not. See the possibilities in our latest online IACAPAP textbook chapter here ([https://iacapap.org/Resources/Persistent/1570258ef47b59331d7a4521f65a3d60daac8797/A15-Telepsychiatry%20A\\_R1.pdf](https://iacapap.org/Resources/Persistent/1570258ef47b59331d7a4521f65a3d60daac8797/A15-Telepsychiatry%20A_R1.pdf))

My term as President of IACAPAP, like the full moon, has come full circle and it has been 4 years since I took on the responsibility of shepherding this august and tradition bound organisation to what we, in the executive committee, believe to be the way forward. I feel that technology is not just an enabler in our work. It is part of the new culture of the global village that is needed to raise a child. We have accepted that information and technology is the backbone for IACAPAP. The online e-textbook will be evolving into a new form led by a new editorial team. Hesham Hamoda is our new Director for Communications who will set the pace for harnessing social media and our next World Congress, aptly themed, "Shaping the Future" will be in Dubai, a technologically advanced city. Imagine the possibilities, realise the challenges and see you all in December in Dubai as we march forth into the brave new world!

-----


2022

## Join Our Membership

We welcome interested individuals to become Individual Member of IACAPAP.

Contact us  
[info@iacapap.org](mailto:info@iacapap.org)



# 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 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.

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”



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ALBANNA**  
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Committee Chair*



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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 Child and Adolescent Psychiatry, Emeritus, The University of Chicago



**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**  
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**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)



**DR. WARREN Y.K. NG, MD, MPH**  
AACAP President, Medical Director Outpatient Behavioral Health NYPH-CUMC



# 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 REGULAR 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."

**NEW ABSTRACT SUBMISSIONS ARE NOW OPEN**

**01 SEPTEMBER TO 30 SEPTEMBER 2022**

**PRESENTER REGISTRATION DEADLINE**

**30 SEPTEMBER 2022**

**IACAPAP EDUCATION TRAVEL GRANT**

**15 SEPTEMBER 2022**

**VISA APPLICATION**

**5 NOVEMBER 2022**

**ACCOMMODATION RATES VALID UNTIL**

**6 NOVEMBER 2022**

Book a group and save  
12% ( 10-30 delegates)  
15% ( 30+ delegate)  
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for further information.

Visit our website  
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registration](https://iacapap2022.com/registration)  
to know more. Scan the  
code to go there now.





# PROGRAM OVERVIEW

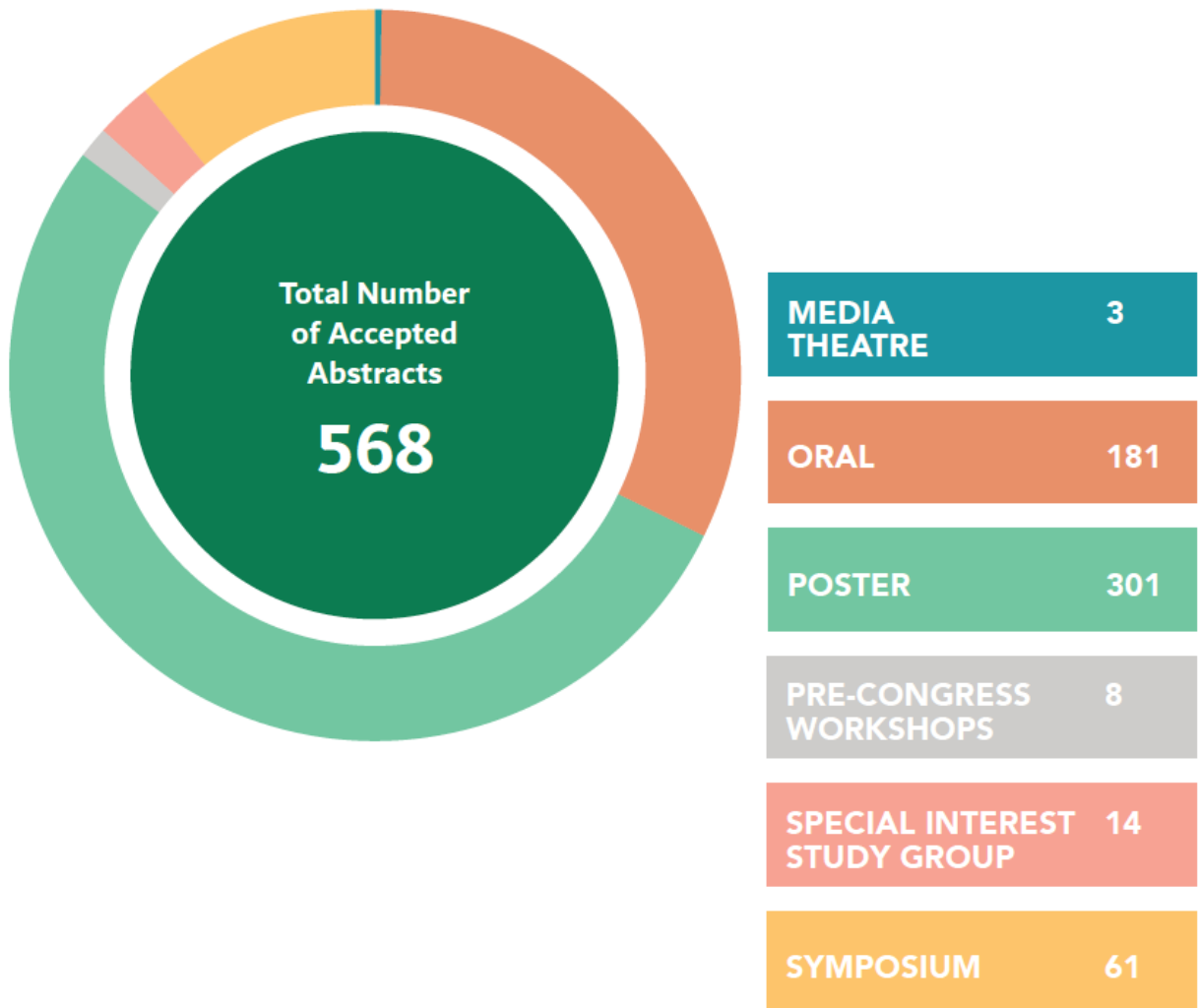
TIME	05 DEC	06 DEC	07 DEC	08 DEC	09 DEC
08:00 - 09:00		CONGRESS REGISTRATION	CONGRESS REGISTRATION	CONGRESS REGISTRATION	CONGRESS REGISTRATION
09:00 - 10:00	PRE CONGRESS WORKSHOPS	OPENING CEREMONY	DJCFP SESSIONS	A.M. SESSION	A.M. SESSION
10:00 - 11:00				KEYNOTE LECTURE	KEYNOTE LECTURE
11:00 - 12:00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

# ABSTRACTS



HAVEN'T SUBMITTED YOUR ABSTRACT? [CLICK HERE NOW](#) FOR NEW ABSTRACT SUBMISSIONS

30<sup>TH</sup> SEPTEMBER 2022



# 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 2022 SPONSORSHIP OPPORTUNITIES



<b>HEADLINE SPONSORSHIP</b>		<b>DIAMOND SPONSORSHIP</b>		<b>PLATINUM SPONSORSHIP</b>	
<b>AED 200,000</b> <b>1x Spot Available</b>		<b>AED 120,000</b> <b>2 x Spots Available</b>		<b>AED 80,000</b> <b>3 x Spots Available</b>	
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
<b>GOLD SPONSORSHIP</b>		<b>SILVER SPONSORSHIP</b>		<b>BECOME A SPONSOR</b>	
<b>AED 50,000</b> <b>4 x Spots Available</b>		<b>AED 30,000</b>		Click on the link above or Scan the code below to go there now	
Full Delegate Registration	3	Full Delegate Registration	10		
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** ★★★★★



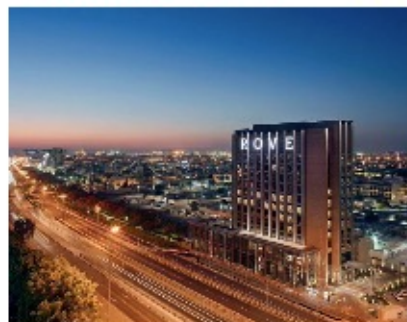
Starting from **AED 600**  
USD 163.35

**IBIS HOTEL  
ONE CENTRAL** ★★★★★



Starting from **AED 550**  
USD 149.74

**ROVE HOTEL  
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Starting from **AED 545**  
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**SHERATON GRAND  
HOTEL** ★★★★★



Starting from **AED 920**  
USD 250.48

**25 HOURS  
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Starting from **AED 1,000**  
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**CONRAD DUBAI  
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**JUMEIRAH  
EMIRATES TOWERS** ★★★★★



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



Visit [iacapap2022.com/accommodation](https://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](mailto: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](mailto: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.*



# CONTACT US



Be part of an important event  
addressing mental health,  
contact us at IACAPAP 2022  
Congress Secretariat:

[iacapap2022@dwtc.com](mailto:iacapap2022@dwtc.com)





# Book Review: Manual of Mental Telehealth, Digital technologies in Clinical Practice

[Manual de telesalud mental, Tecnologías digitales en la práctica clínica]. Martí Noguera, J.J. (Editor) (2022). Ediciones Pirámide (Grupo Anaya, S. A.).

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

Summary of the official presentation on behalf of Millennium Nucleus to Improve the Mental Health of Adolescents and Youths (Imhay) and Department of Psychiatry and Mental Health - East, Faculty of Medicine, Universidad de Chile, Santiago, Chile.

Mental telehealth has been documented in recent decades as an important tool for reducing disparities in prevention and access to mental health services, as well as developmental delays in children and adolescents. All of these issues became more evident during the pandemic.

In the introduction, the Editor Juan José Martí Noguera, highlights that the Internet reaches 60% of the world's population, while coverage of face-to-face mental health care is very poor.

The strengths of this publication are many, I will mention those that seem to me to be very relevant:



1. It is the first publication of its kind in Spanish. It brings together the skills and experience of 25 authors from 6 countries (Argentina, Chile, Colombia, Puerto Rico, Spain, and the United States).
2. Discusses issues related to digital technology, ethics, and deontology as applied to telecare, cybersecurity, confidentiality protection, and research methodology. A second section presents evidence of tele-mental health consultations in various populations. The third section details technologies applied to mental health, both web and mobile applications, such as virtual reality, enhanced reality, artificial intelligence, and therapeutic gamification.
3. The details of each topic are discussed from multiple perspectives. Chapters begin with clear definitions of terminology and interventions, analysis of associated variables, populations in which they have been applied, historical background, updated reviews, classification of interventions, as well as evidence of acceptability, effectiveness and cost-effectiveness. It also addresses confidentiality assurance, projections of future developments, and recommendations for practice, study and research. It also covers confidentiality assurance, projections of future developments, and recommendations for practice, study, and research.

Ros-DeMarize & cols review the applications of tele-mental health in children and adolescents, discussing behavioral parent training, combined therapies for externalizing disorders, and cognitive-behavioral therapy for internalizing problems.

Martinez & Lira review internet interventions in mental health, the different forms of classification, efficacy studies, and measurement of acceptability or effectiveness. They add evidence on eating disorders and suicidal ideation, highlighting that it is scarce in child and adolescent populations, in contrast to the familiarity of young people with the Internet. Digital modalities could help bridge the gap in access to mental health care, and the stigma associated with face-to-face consultations. Studies show high acceptance by parents, children, and adolescents, but controlled studies are scarce.

Mobile mental health applications offering relaxation exercises, psychoeducation, social support, and positive reinforcement have been evaluated positively concerning feasibility and acceptability, but less so in efficacy on depression, anxiety, stress, quality of life, and positive affect. However, they have the potential for the development of universal, selective, or indicated easily accessible and low-cost prevention programs. Again, most research has been conducted in adult populations. There is a need to gather more information on efficacy, improve use, and ensure the means for incorporation into clinical practice.

Virtual and enhanced reality has been

used in the treatment of anxiety disorders and specific phobias, showing a comparable efficacy to in vivo exposure. Also for personal change, body image disorders, physical therapy, pain reduction, and social/emotional training in autistic children, with variable evidence.

The use of chatbots with cognitive-behavioral or positive psychology frameworks for depression and anxiety is described. Examples include problem-solving, healthy lifestyles, and support for dementia patients and their caregivers. Avatars have been developed for children on the autism spectrum to train social and communication skills, with promising small studies of acceptability and efficacy.

Early studies on the use of video games in the therapeutic process suggest beneficial behavioral and emotional changes.

The final chapters offer reflections on the implementation of technological interventions in mental health. The authors conclude that it is necessary to plan at various levels and take into account contextual, technological, institutional, professional, and patient factors. They emphasize that the development of new tools must be accompanied by translational research that integrates clinical practice, associated benefits and problems, confidentiality, and specialist training.

The undoubted merit of the book is the exhaustive analysis of the state of the art and the possibilities of digital interventions in mental health. However,

it would be desirable in future developments to broaden the focus of analysis beyond psychotherapy to include other professionals, parents, and teachers. Population intervention could be enriched in terms of promotion, prevention, and primary and secondary care. The same is true for the integration of psychotherapy with other interventions, such as psychopharmacology. In addition, physical health and medical problems should be considered within the biopsychosocial complexity, from individual diagnosis to the epidemiology of populations, in cross-sectional and longitudinal studies that integrate risk and protective factors for mental health.

Finally, I would advocate for further study of mental health and telecare in child and adolescent populations, as follow-up studies have shown that, what happens at those early ages, predicts adult wellbeing or problems, as well as the development of resilience and the opportunity for early interventions.

-----

## Savita Malhotra, Recipient of The 2022 Yves Pelicier Prize of the WASP

By: Nitin Gupta, MD, Former Professor, Government Medical College & Hospital, Sector 32, Chandigarh-160030 & Senior Consultant, Neuropsychiatrist & Therapist, Gupta Mind Healing and Counselling Centre, Chandigarh-160009 INDIA.



**Dr Savita Malhotra**

Dr Malhotra is a very accomplished and distinguished leader in the field of Psychiatry, Child and Adolescent psychiatry and Social Psychiatry, and has recently been awarded The Yves Pelicier Prize 2022 instituted by the World Association of Social Psychiatry (WASP). This is the highest award in Social Psychiatry and one of the most coveted awards in Psychiatry. The Prize is in recognition of her stellar career in Social Psychiatry reflecting outstanding contributions to the understanding of the important interaction of social, psychological and biological sciences. As the successful nominee she will be invited to deliver a ceremonial

lecture at the World Congress of Social Psychiatry, 16-18 January 2023, London, UK.

She completed her basic medical training at IGMC, Shimla followed by her Higher Specialist Training (MD and PhD) from PGIMER Chandigarh. Thereafter, she trained in Child Psychiatry at different places across the world viz. Institute of Child Health London, Guy's Hospital London; Western Psychiatric Institute and Clinic, Pittsburgh USA. Thereafter, she served as a faculty member in the Departments of Psychiatry, Postgraduate Institute of Medical Education and Research (PGIMER), a premier tertiary care academic institute in India. She rose to become Dean and Professor and Head of Departments of Psychiatry, De-addiction and Treatment Center. She headed the Child and Adolescent Psychiatry Services at the Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh for over 35 years.

She has been recognized at national and international platforms as she is the Fellow of National Academy of Medical Sciences and an Honorary Fellow of the American College of Psychiatrists, and Honorary Fellow of World Association for Social Psychiatry.

Her most notable contributions have been in the field of Child and Adolescent Psychiatry. She has been a pioneer in establishing the discipline of child and adolescent psychiatry (CAP) in India through resource mobilization and advocacy at the national level. She organized CAP as an academic discipline, brought it to the forefront of the national agenda, mentored students, spearheaded research, published books, engaged in advocacy and initiated a three- year super specialty training course in CAP in India for developing natively trained child and adolescent psychiatrists. In recognition of her leadership in development of child psychiatry in India and globally, in 2015 she was honored by the American Academy of Child and Adolescent Psychiatry (AACAP) at San Antonio for a presidential interview. She was also honored with International Contribution Award from the International Association for Child and Adolescent Psychiatry and Allied Professions in 2016, for global leadership, advocacy and scholarly research on behalf of children and adolescents in Asia. Most recently during the Covid pandemic in 2021, she has pioneered and started the IACAM Academy (in her capacity as its Director) under the aegis of the Indian Association for Child and Adolescent Mental Health (IACAM) providing a one-year online certificate course in CAP for general psychiatrists in India, with the aim of capacity building and training at the national level in area of child and

adolescent mental health in order to address the huge short fall in workforce, services, and treatment gap.

She has been very active with organizational activities and professional societies nationally and globally. She has served as a President, Asian Society for Child and Adolescent Psychiatry and Allied Professions; President, Indian Association for Social Psychiatry; and Assistant Secretary General of International Association for Child and Adolescent Psychiatry and Allied Professions. She has been a Member, Education Committee of World Psychiatric Association; and Board Member Child and Adolescent Psychiatry Section of World Psychiatric Association.

Dr Savita Malhotra is the Life President of Indian Association for Child and Adolescent Mental Health (IACAM)- the National Organization in India for mental health professionals who have shown greater commitment to the mental health problems of children and adolescents over long years. IACAM is affiliated with IACAPAP for nearly 30 years now. She has served on many national committees and bodies involved in planning and policy making in the country, as well as international organizations like WHO, IACAPAP, WPA.

Dr Malhotra has many scholarly publications and research articles published in national and international journals. She has edited or authored

many books in child psychiatry relevant globally, contributed a large number of book chapters and manuals. She carried out several WHO funded research projects (such as long- term course and outcome of schizophrenia, epidemiology of psychiatric disorders in adults and children in India, a clinical study of acute and transient psychotic disorders) which have been recognized globally. She pioneered and established programs for telemedicine and tele psychiatry at the PGIMER. Her most recent research

involved development and implementation of a knowledge based expert system for diagnosis and management of psychiatric disorders using model tele psychiatry application to deliver mental health care in remote rural communities by trained non-specialists. The project was awarded the highest order of merit and excellence as an e-governance project in India in a 2014 competition.

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## Obituary

### Professor Alessandro Zuddas 1957-2022

By: Dejan Stevanovic, MD, PHD, Clinic for Neurology and Psychiatry for Children and Youth, Belgrade, Serbia on behalf of the European College of Neuropsychopharmacology (ECNP) Child and Adolescent Network

Prof. Zuddas died suddenly on the 9th July 2022, shortly before his 65th birthday. He insisted that we, colleagues, call him Alessandro, so I did it here, too. Alessandro was a professor of child neuropsychiatry at the Department of Biomedical Sciences, Section of Neuroscience and Clinical Pharmacology, University of Cagliari, and the director of the Child and Adolescent Neuropsychiatry Unit at Cagliari University Hospital ("G. Brotzu" Hospital Trust), Cagliari, Italy. He earned his medical degree from the University of Cagliari, where he also completed residencies in pharmacology and child neuropsychiatry. He finished his basic neuroscience training at the National Institute of Neurological Disorders and Stroke in Bethesda, and he was appointed shortly after at the Institute of Pharmacology, University of Pisa, before the positions he was affiliated with until his death.

Alessandro has been an important figure over the past three decades in advancing and developing European child and



**Professor Alessandro Zuddas**

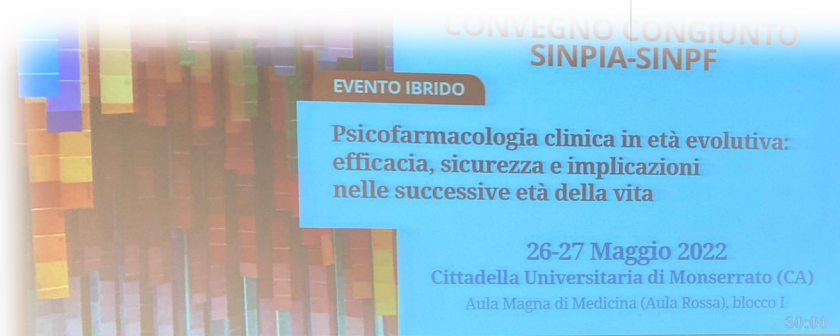
adolescent psychiatry. Besides many other aspects of child and adolescent psychiatry, Alessandro's unique contribution was to pediatric psychopharmacology. Almost all research initiatives, clinical trials, EU- and other-agency-funded projects, or guidelines developed after 2000 in Europe related to pediatric psychopharmacology included Alessandro or were initiated by him. Most of his efforts were dedicated to researching, educating, treating, and advocating for attention-deficit/hyperactivity disorder (ADHD), with an impressive number of publications contributed to the scientific

literature, including serving as Co-Editor of the Oxford Textbook of Attention Deficit Hyperactivity Disorder.

Equally impressive were Alessandro's engagements and contributions to initiatives with high societal impacts and advances in our field. One of the major roles that Alessandro had was within the European College of Neuropsychopharmacology (ECNP), a scientific association for exchanging and promoting research in the field of neuropsychopharmacology. He was a co-founder and chair of the ECNP Child and Adolescent Network as of 2008 and a coordinator of the ECNP School of Child and Adolescent Neuropsychopharmacology in Venice since 2012. These two initiatives are aimed at promoting knowledge about child and adolescent

psychopharmacology among European young psychiatrists, writing grant applications and developing scientific publications, and at fostering the applications and developing scientific publications, and at fostering the development of pediatric clinical trials. Alessandro was the driving force behind these initiatives, with his finest managing and communications abilities, beyond his scientific and educational background and knowledge.

Not less importantly, Alessandro was for more than two decades one of the core members of the European Network on Hyperkinetic Disorders (EUNETHYDIS), for a long time on its advisory board, and longstanding member of its European ADHD Guidelines Group. He organized two very important and famous EUNETHYDIS conferences in Cagliari.



**From left to right: Simone Pisano (Assoc. Prof, Napoli), Argyris Stringaris (Prof, London), Gabrielle Masi (Prof, Pisa), Alessandro Zuddas (Prof, Cagliari), Sara Carucci (Dr, Cagliari), Alfonso Tortorella (Prof, Perugia)**




In addition, Alessandro was long time coordinator of the European Child & Adolescent Psychopharmacology Network (ECAPN) aiming at the identification of unmet needs in child and adolescent psychopharmacology, conducting collaborative scientific studies and clinical trials, and developing strategies to improve state-of-the-art prescribing of medication to children and adolescents with psychiatric disorders in clinical practice, which was recognized under the European Network of Paediatric Research at the European Medicines Agency (Enpr-EMA). He was also an active member of the Scientific Committee of the Italian National Registry of ADHD. Finally, he was an active member of the c4c consortium, which brings together pharmaceutical companies, pediatric national networks as well as EU multinational sub-specialty networks, large patient advocacy groups, children's hospitals, and other public research organizations from across Europe, leading the c4c Psychiatry Expert Group.

At a very personal level, he was considered to be a passionate mentor and teacher, an enthusiastic leader, and an honest and trustworthy friend. Preparing this obituary, I was impressed and touched to tears when seeing how many people were working with him on different articles and activities and how many generations of new trainees and students would have been led, inspired, and supported by him in the years to come. Thus, we who are left, at least those of us who had the privilege to know Alessandro, should find inspiration in the memory of his personality and accomplishments when continuing our work.

### Further information

- <https://www.ecnp.eu/research-innovation/networks-thematic-working-groups/List-ECNP-Networks/Child-and-adolescent-neuropsychopharmacology>
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## 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 September 2022 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - Increase in admission rates and symptom severity of childhood and adolescent anorexia nervosa in Europe during the COVID-19 pandemic: data from specialized eating disorder units in different European countries (Gilsbach et al., 2022), Meeting the 24-h movement guidelines and health-related outcomes among youth with autism spectrum disorder: a seven-country observational study (Li et al., 2022) and identifying multilevel and multisectoral strategies to develop a Theory of Change for improving child and adolescent mental health services in a case-study district in South Africa (Babatunde et al., 2022).

Research | [Open Access](#) | [Published: 20 June 2022](#)

### Increase in admission rates and symptom severity of childhood and adolescent anorexia nervosa in Europe during the COVID-19 pandemic: data from specialized eating disorder units in different European countries

[Susanne Gilsbach](#), [Maria Teresa Plana](#), [Josefina Castro-Fornieles](#), [Michela Gatta](#), [Gunilla Paulson Karlsson](#), [Itziar Flamarique](#), [Jean-Philippe Raynaud](#), [Anna Riva](#), [Anne-Line Solberg](#), [Annemarie A. van Elburg](#), [Elisabet Wentz](#), [Renata Nacinovich](#) & [Beate Herpertz-Dahlmann](#) 

[Child and Adolescent Psychiatry and Mental Health](#) **16**, Article number: 46 (2022) | [Cite this article](#)

Gilsbach et al., (2022) note the adverse impact of the COVID-19 pandemic on eating disorders (ED) in children and adolescents hailing from different countries like Australia, Canada, Israel, New Zealand, and the US. They discuss the possible causes and highlight the need to gather data in the European context. They assess the rates of inpatient admissions for anorexia nervosa (AN) across several European countries

(Germany, France, Italy, Spain, Sweden, and the Netherlands) and gather impressions of mental health clinicians about ED symptom severity through their study.

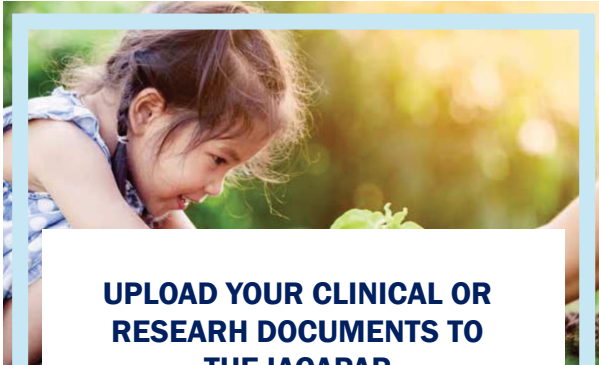
The study team collects some clinical details, data pertaining to the total number of patients presenting with typical and atypical AN as per DSM-5 and inpatient admissions for AN in 2019 (1 January 2019-31 December 2019) and

2020 (1 January 2020–31 December 2020), and time frames of local lockdowns and school closures. In addition, they interview ten mental health clinicians for their subjective global impressions of a possible change in symptom severity of the ED during the COVID-19 pandemic and their explanation for this change using the modified version of the Isolation Eating Scale (CIES) (Fernández-Aranda et al., 2020). The authors report an increase in total (outpatient and inpatient) admissions in four out of six ED centres and a substantial increase in inpatient admissions in three out of six centres. They note the greatest increase in admissions at the beginning of the second lockdown in all ED departments and an increase in waiting times for hospital admissions in five out of six centres. They record shorter waiting times during the lockdowns in the Netherlands, which they attribute to the “crisis management” initiative by respective departments. They record an increase in the amount of daily practised physical exercise, followed by concerns about weight, diet and body image, and social media use from the qualitative interviews of the clinicians.

The team speculates several possible explanations for the rise in ED symptom and general psychopathology during the pandemic such as - disruptions in daily structure (including that of mealtimes), an interruption in regular sports activities, too much spare time, more exposure to triggering social media, a lack of social contacts with a negative impact on mood, and a reduction in treatment offers. Based on their study findings, the authors recommend engaging paediatricians

and health care workers to regularly monitor the weight of adolescents during their routine visits as assessment of weight is not guaranteed by telepsychiatry consultations. They acknowledge the limitations of their study viz. - missing sociodemographic and clinical data due to the retrospective nature of the study; lack of baseline data on symptom severity prior to the pandemic, which means that the increase in ED reported is based on the subjective impressions of the clinicians and lack of data on new cases and relapse of previously diagnosed cases during the pandemic. They suggest further research to determine the exact pandemic-associated factors contributing to the development and burden of eating disorders, especially in young people, and how to offer rapid support.

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## Meeting the 24-h movement guidelines and health-related outcomes among youth with autism spectrum disorder: a seven-country observational study

[Chunxiao Li](#) , [Justin A. Haegele](#) , [Fenghua Sun](#) , [Maria Luiza Tanure Alves](#), [Stefanie Hwee Chee Ang](#), [Jihyun Lee](#), [Kwok Ng](#), [Isabella dos Santos Alves](#), [Sean Healy](#), [Wendy Yajun Huang](#), [Pauli Rintala](#), [Jernice Sing Yee Tan](#), [Yandan Wu](#), [Hannah Yang](#), [Eija Kärnä](#), [Hyokju Maeng](#), [André Lisandro Schliemann](#) & [Ding Ding](#)

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 50 (2022) | [Cite this article](#)

Li et al., (2022) underscore the importance of meeting the 24-h movement guidelines (Tremblay et al., 2016) among youth in general and the need to research this topic in youth with autism spectrum disorder (ASD). They conduct a cross-sectional study to examine the prevalence of meeting individual and combined guidelines for physical activity, screen time, and sleep duration among youth with ASD in seven countries and regions - Brazil, Finland, Hong Kong, Mainland China, Singapore, South Korea, and the US. They also examine associations between meeting none, one, two, or three of the 24-h movement guidelines and three health-related outcomes (i.e., BMI, general health, and quality of life) in the same subgroup of the population.

The team recruits parents or guardians of youth with ASD through ASD associations, direct contact with special school principals, and social media by convenience sampling for the survey. They adopt the survey items from the 2018 National Survey of Children's Health (NSCH) (Child and Adolescent Health Measurement Initiative, 2021). They identify three outcome variables

(i.e., BMI, and general health and quality of life measured using zBMI and on a Likert scale respectively) and dichotomize each movement behavior variable into "meeting the guideline" vs. "not meeting the guideline". They excluded incomplete observations and continuous outliers ( $z > 3.29$  or  $z < -3.29$ ) and calculate descriptive statistics, means (M), standard deviation (SD), or frequencies and percentages. They conduct a series of multiple linear regression analyses and trend analyses to further analyse their data. They report that only a small proportion of the sample of 1165 youth with ASD (7.2%, range = 1.5% [South Korea] to 15.1% [Mainland China]) met the physical activity guideline; about half of the sample met the screen time guideline (46.4%, range = 20.2% [Brazil] to 81.2% [South Korea]) and the sleep guideline (55.9%, range = 43.8% [Singapore] to 68.0% [Finland]). They observe that the largest proportion of youth met only one guideline (49.4%, range = 39.3% [Singapore] to 60.1% [Brazil]) and compared with meeting all three guidelines, meeting no guidelines was associated with poorer general health ( $B = -0.46$ ,  $P = 0.02$ ) and a lower quality of life score ( $B = -0.47$ ,  $P = 0.02$ ).

The authors acknowledge the strengths (international culturally and geographically diverse sample; a number of health-related outcomes examined in this understudied group), and limitations (selection bias due to convenience sampling; lack of generalizability due to the difference in the number of participants among countries; the possibility of response bias due to the use of parental proxy-reports; and inability to draw causal inferences owing to the cross-sectional design) of their study. They recommend more robust research in this area by a prospective or experimental study design to infer causality and using objective measures (like accelerometers) to improve validity. The team lays emphasis on the concept that “the whole

day matters” and reinforces the need to develop, test, and implement intervention programs that seek to improve the patterns of physical activity, sedentary behavior, and sleep in youth with ASD. They conclude by highlighting the dose-response relationships between the number of 24-h guidelines met and more favorable health-related outcomes (all  $P_{trend} < 0.05$ ), a low adherence to all three guidelines (especially physical activity), and a strong association between guideline adherence and health-related outcomes in an international (7-country/region) sample of youth with ASD and emphasizing the urgent need to promote the adoption of all the guidelines in this group.

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# Identifying multilevel and multisectoral strategies to develop a Theory of Change for improving child and adolescent mental health services in a case-study district in South Africa

[Gbotemi B. Babatunde](#) , [André Janse van Rensburg](#), [Arvin Bhana](#) & [Inge Petersen](#)

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 45 (2022) | [Cite this article](#)

Babatunde et al., (2022) highlight the challenges that child and adolescent mental health (CAMH) services are facing in many low- and middle-income countries (LMICs) and the need to adopt a community participatory approach to identify contextually appropriate strategies that could be used to develop a collaborative system of care. Babatunde et al., (2020) earlier carried out a situational analysis of the existing CAMH services in a district in the province of KwaZulu-Natal (South Africa) and identified six major bottlenecks – poor governance structures; poor identification, screening, and assessment procedures; poor referral pathways; specialist vertical services; limited community-based CAMH interventions, and limited CAMH promotion and awareness. In their current study, they aim to i) Co-identify causal factors and potential strategies with key stakeholders to effectively address bottlenecks identified during the formative phase; and ii) Co-develop a Theory of Change (ToC, Breuer et al., 2015) to feasibly increase access to CAMH services that could be used for the development of a district mental health care plan.

The resource-constrained district of Amajuba District Municipality is comprised of rural and peri-urban communities with children and adolescents constituting 51% of the population. The authors employ a participatory action research (PAR) approach and conducts a workshop with key stakeholders (n = 40) from the Departments of Health (DoH), Basic Education (DBE), and Social Development (DSD) and three community-based organisations offering CAMH services in the district. They recruit 40 participants (district mental health coordinator, school directors, and service providers, including nurses, clinical psychologists, occupational therapists, pharmacists, social workers, and educators) by purposive sampling. The authors compare and consolidate stakeholders' accounts regarding the context-specific causal factors and possible strategies to address the bottlenecks recorded (audio recordings, participants and researcher notes) in the workshop. They conduct a thematic analysis to analyse it. They also develop a ToC map based on the data and refine it by conducting a follow-up virtual workshop with stakeholders (n = 15).

The team elaborates on the causal factors for poor identification, screening and assessment procedures, to address inappropriate referral pathways, to address limited CAMH promotion and awareness, to address limited community-based CAMH interventions, to address poor management structures and to address limited specialists and vertical services. They identify key multilevel and multisectoral task-sharing strategies that include the development of (i) community awareness programs and user-friendly CAMH psychoeducation and screening tools to strengthen mental health literacy and facilitate early identification at the community level; (ii) an intersectoral working group to facilitate intersectoral collaboration (iii) a functional district CAMH referral system, (iv) youth-friendly CAMH care packages. The team also maps out a ToC with the medium-term outcomes as early identification of CAMH conditions, appropriate referral and prompt access to CAMH services, development of CAMH care packages (for early initiation of treatment and interventions), and intersectoral governance; and the long-term outcome as improved CAMH services. They state that the medium-term outcomes cut across different levels of care (community, primary health care, and hospitals) and identify interventions and strategies for each level of care and some cross-cutting interventions including - strengthening CAMH assessment, training service providers, empowering families, support visits etc.

The authors appreciate that their study findings lack generalisability (as it is a single district case study) and mention that their recommendations should be

read as flexible guidelines that will be regularly updated in consultation with district stakeholders. They state that the process of developing the ToC model is complex, expensive and time-consuming and therefore in the current study they developed it using the information obtained from the formative studies and the strategies identified by the participants in the workshop. They put forth their intention to develop a district CAMH plan and conclude that it is feasible to work in scarce-resource contexts collaboratively with key stakeholders using a task-sharing approach.

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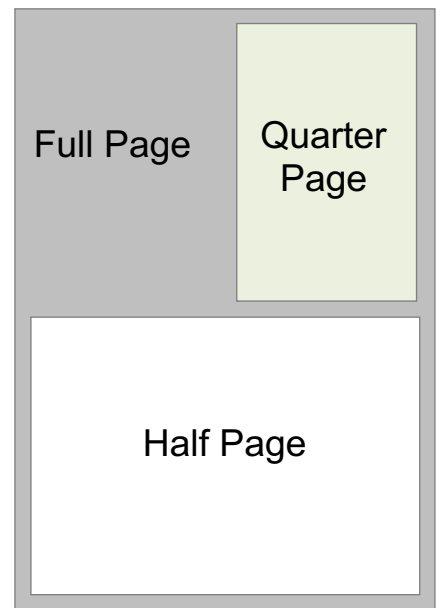
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