



# IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions



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*By Aleksandar, North Macedonia, age category 6 to 12Y, My family*

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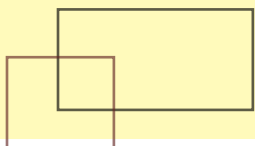
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# IACAPAP President's Message – Dec 2021

## Remembering our past to advance our shared future

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

I would like to start by wishing our members a very blessed Christmas and a more hopeful New Year to come. The end of the year is always a time of reminiscing. History is a form of reminiscence, but it also depends on who is telling the story. It has been almost 4 years since I took on the challenge of serving IACAPAP in the role of president. I was excited because we were preparing to host the world congress in our tiny island state on the topic so close to my heart. It seemed a wonderful culmination of the development of child psychiatry in Singapore which also celebrated its jubilee in 2020. IACAPAP's goals of advancing the science and practice of child mental health services as well as promoting child development and advocacy was moving well. We had an international team with good gender representation that hailed from all corners of the world. But like every enthralling story, new twists must present themselves to challenge the plot. What are some of these that has happened this last year?

The pandemic has wreaked havoc on our regular sources of income. With our new membership model enlarging our reach with individual members, we have embarked on reorganising our administrative structure and operations



**IACAPAP  
President  
Dr Daniel  
Fung**

including registering IACAPAP in two jurisdictions, Switzerland, and Singapore. This is to help us facilitate our operational capabilities as we work across the seven seas. This is no mean feat, and we are thankful to our administrator, Sue Wong for diligently managing this. The stress of setting up bank accounts, registering in different lands and the taxes it produces can fill most of us with “saucy doubts and fears”. Hopefully the worst is behind us and we have accomplished what I have promised, “doing good, better” by the time our world congress opens in Dubai at the end of 2022 ([www.iacapap2022.com](http://www.iacapap2022.com)).

Two months ago, I received the sad news that Joe Rey has decided to retire from editing the [IACAPAP textbook](#). This

freely available online resource is the one jewel in the IACAPAP crown of reaching the less resourced corners of the world with knowledge that previously would be hard to access. The educational open spirit of what Joe has fashioned this last 10 years needs to continue. A new challenge of bringing this textbook forward must now be our

immediate concern. Even as I write this message, a call for applications to this position is now being made (<https://iacapap.org/search-for-iacapap-e-textbook-editor/>)

Perhaps the greatest storyline closures this century will see is the passing on of the inimitable Michael Rutter ([Professor Sir Michael Rutter 1933 - 2021 \(kcl.ac.uk\)](https://www.kcl.ac.uk/people/michael-rutter)). In his memory, I am reminded that a generation of pioneers in child mental health are handing the baton to the next generation. Sir Michael Rutter did much to put child psychiatry on the world map and although he never took on specific roles in IACAPAP, his support and influence on the science and practice of child mental health has been remarkable. I had the good fortune of interviewing him when he was in Singapore and hearing of his passing, I went to re-read that interview which is available here ([Feature.pdf \(sma.org.sg\)](https://www.sma.org.sg/feature/michael-rutter)).

Next year is 2022 in which IACAPAP will



**Season Greeting from Dr Daniel Fung & his family**

be 85 years old. That is a grand old age that is worth celebrating but will it be a time of integrity or despair? Will we like many organisations before us, “strut and frets his hour upon the stage, and then is heard no more”? If this narrative is to continue to hold sway, we will need the cognoscente of our shared disciplines, not just child psychiatry, but every professional interested in the emotional lives of children, to come together; we will need the curiosity of our diverse origins to combine into a universal standard for the development of today’s children; and we will need you, our gentle readers to continue to support the passion you have for children of tomorrow. Then will this story be continued...

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# The World Network of Psychiatric Trainees: A Global Home of Psychiatry Residents and Fellows

*By: Victor Pereira-Sanchez, MD, PhD (1-3) and Sanya Virani, MBBS, MPH (4)*

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The World Network of Psychiatric Trainees (WNPT) is a non-profit online community developed and sustained by and for physicians in all kinds of official psychiatric training programs everywhere in the world. It was founded in 2018 by Victor Pereira-Sanchez, by then a general adult psychiatry resident in Spain pursuing child and adolescent psychiatry (CAP) training overseas. WNPT currently comprises more than 360 members from 68 countries in all continents across the globe, as illustrated in the map, and serves a platform for seamless communication and collaboration among members, fostering cross-national and cross-cultural sharing of information, resources, and views relevant to psychiatric training, and opening opportunities for international research.

CAP trainees have always been a small yet very substantial part of the network. Currently, 35 WNPT members from 19 countries identify as training in CAP (almost 10% of total membership), while many others are still in earlier stages of a core/general training and have shown interest in future subspecialization in

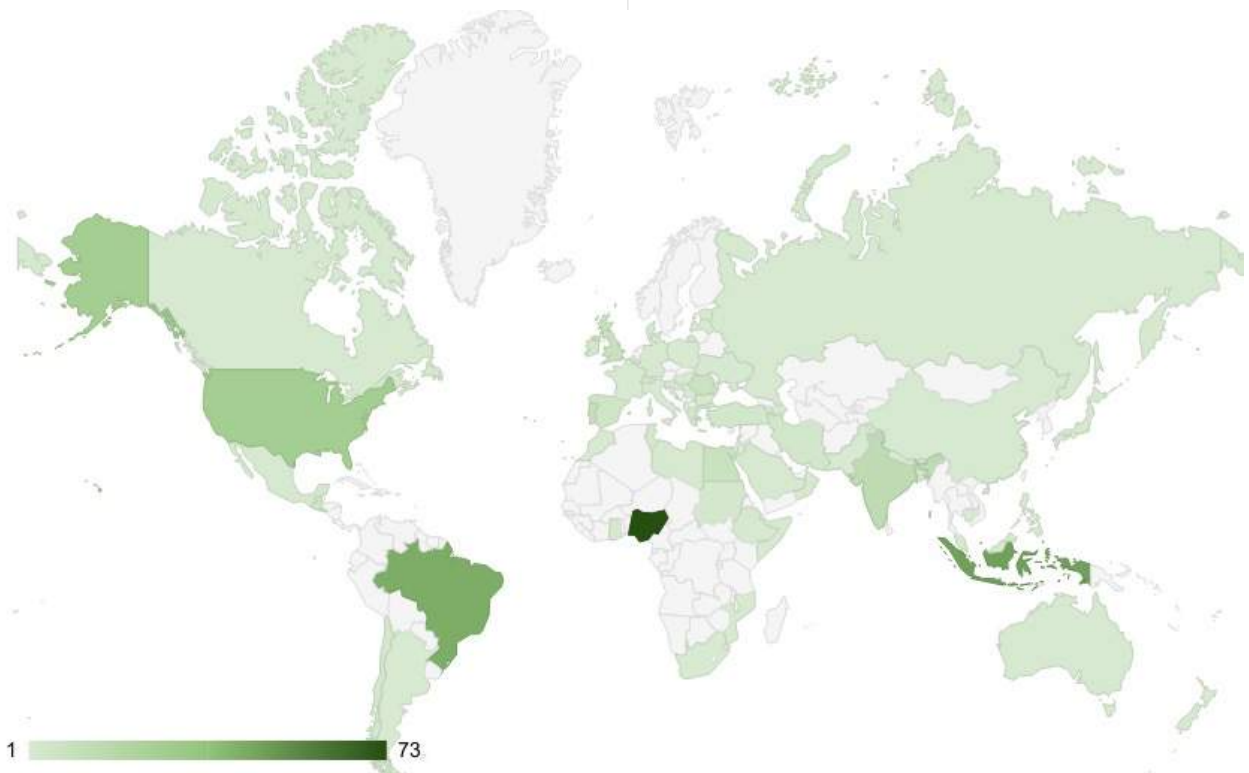


child and adolescent mental health. These members, which in relative number and activity within the organization probably overrepresent the proportion of CAP among psychiatric trainees and participate in WNPT activities along with colleagues from general adult and other subspecialty programs - including addiction, forensic, and geriatric psychiatry. This enriches the geographical and cultural diversity of the network with a layer of multidisciplinary.

The flagship of WNPT are its Virtual Fora, online events open to members and the public providing global perspectives on psychiatry, mental health, and training. Five fora have been celebrated so far, covering the topics of systemic racism, psychiatry and mental health services and training in the Horn of Africa and in Lebanon, challenges and joys of psychiatry trainees who are mothers (1), and the mental health impact of climate change. WNPT also helps coordinate global research studies such as the Violence Against Psychiatric Trainees research, which European results were recently published (2). CAP colleagues have been deeply involved in each of those initiatives, bringing fresh perspectives from their colleagues and young patients to those.

Finally, WNPT actively engages in collaborations with other organizations related to psychiatry, mental health, and medical education. In terms of collaboration with CAP associations, WNPT has participated in social media campaigns and scientific presentations with the [Medical Students and Residents' Committee of the American Academy of Child and Adolescent Psychiatry \(AACAP-MSR\)](#) and provided information about its activities for its consideration in an upcoming new chapter of the [IACAPAP e-textbook](#).

More information about WNPT activities, recordings of previous events, contact details and the signup link are available on its [website \(worldtrainees.org\)](http://worldtrainees.org). Membership is free and open to current and incoming psychiatric trainees.



**WNPT's geographical distribution of membership as of December 1, 2021**

*Drs. Pereira-Sanchez and Virani report no commercial conflicts of interest. They are, respectively, the Executive Director and the Associate Executive Director of the World Network of Psychiatric Trainees (WNPT); those roles are held pro bono, and WNPT is non-for-profit. The views presented in this article are those of the authors and do not necessarily reflect those of the WNPT' membership.*

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For more information of IACAPAP Membership, please visit <https://iacapap.org/membership/>

To become a member, contact the [Secretary-General](#) to get an application form.

# CAMHS services in India: An Experience from the Field

*By: Dr. Prajakta Patkar, Assistant Professor, Department of Psychiatry, Topiwala National Medical College and BYL Charitable Hospital, Mumbai, India.*

India has a population of about 1.3 billion, out of which almost 40% are children and adolescents. The youth here are overtly exposed to overzealous amounts of environmental stressors which predisposes to early onset of psychiatric disorders. This creates an intense need for psychiatry services for children and adolescents both in urban and rural areas. Despite the need, there are very few centres across the vast country of India to provide child and adolescent psychiatric care. Understanding this necessity, the department of psychiatry at the Topiwala National Medical College and BYL Charitable hospital, Mumbai, started their exclusive child and adolescent psychiatry services in the public sector. Having said this, this service has been catering to patients for almost 14 years and has an outreach to almost 10,000 children per year who come from around the state.

Our clinic was one of the first in India to open a learning disability clinic and autism testing centre in the city of Mumbai in Western India. Owing to ignorance and lack of awareness even amongst the medical professionals at that point in time, it was initially met with a lot of resistance as far as funding. Since its inception, the child and adolescent service has shown an

exponential rise in the number of patients seeking help with around 10,000 patients from all strata of society seeking treatment. The learning disabilities clinic



## ADI (Autism Dynamic intervention)

is fully adept with a staff of psychiatrists, psychologists and special educators and each year almost 2500-3000 children are enrolled and undergo testing here, more than any other hospital and centre in the state and one of the few in the country. Regular counselling sessions for the parents of these children diagnosed with Learning disorders are conducted. Additionally, children have access to a special remedial education centre called the Vivekanand Remedial centre, with



trained educators dealing with learning disabilities. Apart from this, the hospital is equipped with a team which deals with autism screening and diagnosis. A thorough evaluation for autism comprises of evaluations by a psychiatrist, paediatrician, psychologist, ENT specialist, occupational therapist and special educator. Before the government approved certification, each case is discussed at length with the entire team. This holistic service makes it convenient for the patient to access all services under one roof and allows for the multidisciplinary team to coordinate comprehensive treatment plans. The department also has set up an intervention school for children with autism called the ADI school (Autism Dynamic Intervention). Every year around 25-30 children are enrolled and an individualised curriculum is set up for

each child by the teachers. Apart from this, pet assisted therapy for children with Autism is also held on a weekly basis by a trained pet therapist.

In spite of having a multidisciplinary and holistic team available in the public sector, there are a lot of challenges confronted on a daily basis. First and foremost, the number of children and adolescents seeking services is huge. Although this is a great thing that shows that efforts to raise awareness have been successful, it also means that the team needs to work for longer hours and may sometimes feel slightly burdened. Owing to the long list of patients, the appointments given maybe really far away from each other which is inconvenient for the patients and parents. The centre also being one of the very few of its kind, people seek services from far off places not just from the city but also from neighbouring cities due to lack of such holistic facilities elsewhere. Travel costs and time constraints are other reasons that cause inconvenience to many patients and caregivers. Another extremely big hurdle is the lack of understanding about psychiatric and neurodevelopmental disorders in the parents and families which needs the treating psychiatrist to put in more efforts for psychoeducation. The concept of joint families in India poses yet another challenge because there can be a lot of interference in the home management of these children with multiple caretakers involved. Being a tertiary care hospital, a lot of times, cases get referred after multiple consults with other local doctors without coming to a proper diagnosis and without much improvement in the condition of the child. Although this



**ADI (Autism Dynamic intervention)**

enables and challenges us to deal with more complicated and treatment resistant cases, it also means that there is delay in early diagnosis and quality of initial care of the patients which then may affect the long-term prognosis. It also poses a challenge for ensuring timely follow up of these patients, directly leading to poorer outcomes. This prompts the need for more centres of similar nature. There is a high ratio of patients to doctors which needs to improve, despite that, the doctors give their very best to not hamper their patient care. Owing to large numbers, the government certification process takes a while and that poses a challenge to a well-functioning system. At the end of the day, the satisfaction of having being available to so many children and families and their gratefulness towards us makes it all worth it. Many parents who understand the importance of the work that the CAMH services does here willingly make donations to the department in their own small ways.

The pandemic posed further challenges for an already stressed system. This immediately prompted us to introduce telepsychiatry services for our patients at the departmental level. In depth standard operating procedures were formulated and the services were made available via telephonic and video calling facilities. Even though this service was made accessible to all, there was still an access problem for the patients approaching us from remote places due to lack of adequate connectivity via telephone and the internet. As many patients as possible continued follow up via this service and tele or e-prescriptions were made available to



**ADI (Autism Dynamic intervention)**

them for ease of continuity of the psychiatric treatment. Tele-consultation being a fairly new concept in India, there was a lot of initial resistance from the pharmacies to dispense medications via e-prescriptions and a lot of times the doctors personally had to call up the pharmacies and explain to them the need to comply or at many instances even educate them about the newly introduced tele-consultation regulations in India. A lot of cases of autism and ADHD worsened over the pandemic and handling them telephonically was a challenge especially if it was combined with dealing with parents with poor understanding of their child's condition. Apart from this, the ADI



**ADI (Autism Dynamic intervention)**

challenges. It starts with the very basic problem of explaining to officials the needs for such multidisciplinary teams for this age group and getting it set up and goes as far as keeping it functioning for as many patients as possible. This means that the doctors need to go over and above their normal working hours to ensure no patient returns without adequate help. Psychiatrists and especially child psychiatrists in India still

school and the LD remedial education services were kept functional over an online platform. Conducting such sessions was difficult for the teachers as well as the students alike not just because it was a new mode of education, but also because it was difficult to overcome device and network issues. Lack of privacy due at the smaller houses made it extremely difficult for the kids to pay attention and keep up with the studies. In spite of all these difficulties, these remote services were well utilised by many families at no extra cost and that helped thousands of kids and families to maintain the continuity of psychiatric care.

In a developing country like India, where psychiatry itself is such a stigmatized field, handling a Child and Adolescent psychiatry centre comes with a lot of logistical, financial and methodological

face a lot of resistance from other medical faculties and the common man alike. The psychiatrists need to go out of their way and put in extra efforts to educate the parents and family about psychiatric disorders in their children and also explain the need for timely treatment. In spite of all this, the happiness of having treated not just a child but an entire family and the growing awareness about child psychiatry in India is what stands as a motivation to keep going. India as a country has still a long way to go as far as CAMH services are concerned, but from where we see it, we are miles ahead of where we were a decade ago.

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## CAPMH Corner

By: *Lakshmi Sravanti, India,*  
Associate Editor, *CAMPH*

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official journal of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). This "CAPMH Corner" summarizes the following three studies – exploring health-related risky behaviours in Chinese adolescents with autism (Sun et al., 2021), assessing psychological functioning of adolescents amid the COVID-19 pandemic (Daniunaite et al., 2021) and a controlled trial of Cognitive Behavioural Therapy-based strategies for insomnia from southern Nigeria (Egbegi et al., 2021).

Research article | [Open Access](#) | [Published: 30 July 2021](#)

### Health-related risky behaviors in Chinese adolescents with autism: a cross-sectional study

[Click here to access the article in CAPMH](#)

[Yajing Sun](#), [Xue Li](#), [Lingzi Xu](#), [Zenghui Ma](#), [Yulu Yang](#), [Tingni Yin](#), [Zilin Gao](#), [Xiaoyun Gong](#), [Lei Li](#), [Qinyi Liu](#), [Xinzhou Tang](#) & [Jing Liu](#) ✉

*Child and Adolescent Psychiatry and Mental Health* **15**, Article number: 39 (2021) | [Cite this article](#)

**691** Accesses | **6** Altmetric | [Metrics](#)

Sun et al., (2021) note that autism is associated with a wide range of health-related risky behaviours (HRBs). They emphasize that research done so far focused on single behaviours and not a comprehensive study of it as a phenomenon exploring various risk factors. Thus they establish a need to comprehensively study various HRBs in adolescents with autism. They also discuss the drawbacks of available instruments to study HRBs, to navigate through which, they use Adolescents Health-Risky Behavior Inventory (AHRBI) developed by Wang et al. (2012).


Authors evaluate 150 adolescents with autism (12-19 years) and 150 neurotypical adolescents (age- and gender-matched controls enrolled from a public school). Two psychiatrists interview all the subjects using Schedule for Affective Disorders and

Schizophrenia for School-Age Child-Present and Lifetime Version (K-SADS-PL) and evaluate subjects from autism group using Childhood Autism Rating Scale (CARS). All the participants complete AHRBI. While individuals with autism complete Zung Self-rating Anxiety Scale (SAS), Zung Self-rating Depression Scale (SDS), Self-Esteem Scale (SES), Wechsler Intelligence Scale and Theory of Mind (ToM) test, their parents fill in ASSQ (Autism Spectrum Screening Questionnaire). The team uses chi-square test to analyse differences among count data, Kolmogorov–Smirnov test to check normality of the sample, and Mann–Whitney U test and Spearman's rank correlation analysis for making comparisons. They conduct multivariate regression analysis to explore factors associated with HRBs in the autism group.

Authors identify that the total AHRBI scores and scores on "aggression and violence (AV)", "suicide or self-injury (SS)", "health-compromising behavior (HCB)", and "unprotected sex (US)" subscales in the autism group are significantly higher than those in the control group (Z value = - 4.58 ~ - 2.26, all  $P < 0.05$ ). Different HRBs have different risk factors. Overall, they enumerate anxiety, depression, low self-esteem, low IQ score, low ToM test score, increasing age, and communication disorder as risk factors for HRBs in adolescents with autism. The

team concludes that adolescents with autism are more likely to have HRBs. They recommend that comprehensive intervention should be done with more attention to HRBs. In view, of relatively small sample size, possible bias due to most subjects with autism being male and all enrolled from a single medical centre, and limited number of independent variables used in the multivariate regression analysis, they suggest future studies addressing these drawbacks to confirm their findings.

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ON THE WEBSITE!**

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## Adolescents amid the COVID-19 pandemic: a prospective study of psychological functioning

[Ieva Daniunaite](#) ✉, [Inga Truskauskaitė-Kuneviciene](#), [Siri Thoresen](#), [Paulina Zelviene](#) & [Evaldas Kazlauskas](#)

*Child and Adolescent Psychiatry and Mental Health* **15**, Article number: 45 (2021) | [Cite this article](#)

**3495** Accesses | **10** Altmetric | [Metrics](#)

Daniunaite et al., (2021) discuss the negative impact of COVID-19 pandemic on adolescent mental health and wellbeing by referring to recent studies. They highlight that majority of the studies are cross-sectional in nature and further research is needed to understand the stability and patterns of change. Thus, they set a context for their current longitudinal study to assess the impact of the COVID-19 pandemic and accompanying countermeasures on adolescent mental health and patterns of change.

Authors analyse a subsample of 331 adolescents (12-16 years) from the first two waves of the longitudinal study Stress and Resilience in Adolescent (STAR-A). They obtain data at two timepoints: baseline/pre-test (T1, wave 1, March-May 2019) and 18 months later at six months since the first national lockdown in Lithuania (T2, wave 2, 24 September to 21 October 2020). The participants are from seven general schools from across Lithuania. The team assesses psychosocial functioning at T1 and T2 using the Strengths and Difficulties Questionnaire (SDQ). In addition, they measure psychological resilience and lifetime abuse exposure at T1 using The Resilience Scale (RS-14) and questionnaire developed by the Norwegian Center for Violence and Traumatic Stress Studies (NKVTS) respectively. They analyse data using multivariate latent change modelling and latent class change approaches (by controlling for child abuse experience and resilience) to identify patterns of change.

Overall, authors record a small but

significant increase in hyperactivity/inattention, emotional symptoms, and prosocial behavior. Baseline rates of emotional problems and prosocial behavior are higher in girls than boys. They identify three change profiles: strained – most subjects (70.7%) report a significant but small increase in hyperactivity/inattention, emotional symptoms and conduct problems; peer-problems – almost one in five adolescents (19.6%) experiences an increase in peer-problems; and social adaptation – almost one in ten participants (9.7%) reports a significant decrease in peer relationship problems and increase in prosocial behaviour. They attribute these changes to prevailing circumstances such as – school closures, restrictions on after-school activities, and changes in interpersonal relationships.

Authors highlight the importance of supporting adolescents to deal with pandemic-related challenges. They mention the strengths of their study viz. longitudinal design, high response rates and inclusion of pre-pandemic measures; and also its limitations – data based on self-report measures and not multi-informant, and the fact that results cannot be attributed exclusively to the pandemic as many life events could occur in the long interval period of 18 months between the two timepoints. They recommend studies that negate these limitations and longitudinal research in the post-pandemic period to study adolescents' functioning trajectories. They underscore the value of such research in societal preparedness for future pandemics.

# A controlled trial of Cognitive Behavioural Therapy-based strategies for insomnia among in-school adolescents in southern Nigeria

[Diseyei R. Egbegi](#), [Tolulope Bella-Awusah](#), [Olayinka Omigbodun](#) & [Cornelius Ani](#) 

*Child and Adolescent Psychiatry and Mental Health* 15, Article number: 52 (2021) | [Cite this article](#)

460 Accesses | 1 Altmetric | [Metrics](#)

Egbegi et al., (2021) draw attention to high prevalence and adverse effects of sleep difficulties in adolescents and the treatment gap especially in Low and Middle Income Countries (LMICs) like Nigeria. They note that the evidence-base for psychological interventions for adolescent insomnia is good in High Income Countries (HICs). However, despite sufficient evidence for Cognitive Behavioural Therapy for Insomnia (CBT-I), it needs adaption to be accessible and effective due to socio-ecological differences between HICs and LMICs. They conduct a pilot study to evaluate a locally adapted manualized intervention that derives its components from CBT-I.

The team manualizes the intervention by making adaptations to improve feasibility, cost-effectiveness, and accessibility such as shortening the course to 5-sessions, delivering it in groups and in schools, delivery by a professional with no prior specialist certification in CBT-I, emphasis on certain components such as psychoeducation and other contextual adaptations to suit general living arrangements. They carry out a parallel two-group intervention study (January-March 2020) with a sample of 50 in-school adolescents (13-17 years) from four secondary schools (two government and two private schools) of Southern Nigeria. They use balloting to assign one government school and one private school as “intervention sites” and the other two

schools as waiting-list controls. Twenty-five subjects with highest ranked scores on the Insomnia Severity Index (ISI) in the two intervention schools are selected and dyadically matched on gender, ISI scores, and type of school with 25 participants from the control schools.

The intervention consists of weekly group-based sessions of 45 min each delivered in their schools (during school-breaks) over 5 weeks. Twenty-one subjects in the intervention group and 16 controls complete the post-intervention outcome measures [ISI, Short Mood and Feelings Questionnaire (SMFQ), Sleep Hygiene Questionnaire (SHQ), Knowledge of Sleep Questionnaire (KSQ)]. The primary outcome is ISI score at sixth week. The secondary outcomes are sleep onset latency (SOL), total sleep duration (TSD), depressive symptoms, sleep hygiene, and knowledge about sleep. Authors use Kolmogorov–Smirnov and Shapiro-Wilk tests to assess normality of all continuous measures, t-test for continuous variables and Chi-square or Fisher’s Exact tests for categorical variables and Analysis of covariance (ANCOVA) to evaluate treatment effect. They prefer Per Protocol analysis over intent-to-treat analysis to negate disproportionate Covid-19-related loss of post-intervention data in the control group.

Authors report a significant reduction of insomnia, shorter SOL, longer TSD, lower

depressive symptoms and higher knowledge of sleep in the intervention group as compared to the control group. They point out that psychoeducation constituted a significant proportion of their manualized intervention and was the component that adolescents liked most. They state that this study is the first from an African setting to support effectiveness of CBT-based intervention for adolescents with insomnia. In view of the methodological limitations such as small sample size, data based on self-report measures, lack of objective measurements, and single post-intervention data point, they recommend larger controlled trials with actigraphy measured outcomes, and extended follow-up.

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# CHILD AND ADOLESCENT MENTAL HEALTH: SHAPING THE FUTURE

05 - 09 DECEMBER 2022

DUBAI | UNITED ARAB EMIRATES



The Museum of the Future in Dubai | © Giuseppe Cacace / Getty Images

Join us in **Dubai** for the 25th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions.

With the advent of modern technology, child mental health is on the verge of witnessing a revolution. Harnessing modern technology will indeed change every aspect of mental health practice and offer exceptional opportunities for patients, families, and the community at large.

With advancements in brain imaging, genomics and personalized medicine,

genomics and personalized medicine, psychiatric diagnosis will become more specific and treatments more personalized, shaping the way for better outcomes. The spread of Telepsychiatry will allow access to patients who otherwise had no access to treatment.

With advancements in brain imaging, genomics and personalized medicine, psychiatric diagnosis will become more specific and treatments more personalized, shaping the way for better outcomes. The spread of Telepsychiatry will allow access to patients who otherwise had no access to treatment.

Mobile technologies will give opportunities for psychotherapeutic interventions and for monitoring symptoms and outcomes on an ongoing basis. Wearable devices may provide avenues for patients to interact with the world in ways that were not possible before. New technology will also allow for advancements in treatments that will change the lives of children suffering from mental illness. Big data will enable

us to answer research questions in ways that were never available before. The opportunities seem boundless!

The theme of the conference will focus on the role of modern technology in shaping the future of child mental health and there is no better place to examine this theme than Dubai, the city of the future!

**Visit us and register today on: [www.iacapap2022.com](http://www.iacapap2022.com)**

<b>Registration Opened with Super Early Bird</b>	20 Jan - 04 April 2022
<b>Registration Opened with Early Bird</b>	05 April - 04 August 2022
<b>Registration Changes to Regular Rate</b>	05 August – 20 November 2022
<b>Onsite Rate</b>	20 November Onwards



**CHILD AND ADOLESCENT MENTAL HEALTH:  
SHAPING THE FUTURE**  
05-09 DECEMBER 2022  
DUBAI | UNITED ARAB EMIRATES



## Media OutReach Newswire Partners with The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) to Promote Mental Health in Children and Adolescents

*This global partnership aims to spread awareness, cultivate a positive mindset within the society, and to promote IACAPAP's scientific activities among mental health professionals, parents, children, and young people around the globe*

HONG KONG SAR - 13 October 2021 - **Media OutReach**, the first global newswire and press release distribution service provider founded in Asia, is pleased to announce a global partnership with [The International Association for Child and Adolescent Psychiatry and Allied Professions \(IACAPAP\)](#), an international non-profit organization established in 1937. IACAPAP's mission is to advocate for the promotion of the mental health and development of children and adolescents through policy, practice, and research.

Under this partnership, Media OutReach Newswire will fully support IACAPAP's global communications goals by exclusively distributing their market-specific press releases through Asia Pacific, USA, UK, Europe, Middle East, Africa and Latin America.

IACAPAP has numerous activities aimed to promote child and adolescent mental health around the globe. Among these are the bi-annual world congresses where scientific advancements are shared. The IACAPAP also educates

mental health professionals through a free e-textbook, online and in-person courses, and an open access scientific journal. Career development programs for early career professionals through the flagship Donald Cohen programme and Helmut Remschmidt Research Seminars are also carried out.

"We are very pleased to engage Media OutReach to be our global newswire partner to help us promote youth mental health issues around the world. By leveraging their expertise in media industry and global distribution network, we hope our message will reach a global audience. In a world where one out of 5 children suffers from a mental health problem that is often not addressed, spreading knowledge and helping to combat stigma is invaluable." Said Prof. Daniel Fung, the IACAPAP President.

"As the global newswire partner to IACAPAP, Media OutReach Newswire plays an integral role in helping the organisation to spread awareness about the importance of prevention, promotion, and intervention of mental health issues

in children and young people around the world. We hope by becoming the voice of the organisation, the society will come to the realisation that mental health issues in children and young people should not be stigmatized and that there are effective interventions for youth with mental health problems. Furthermore, IACAPAP's website has useful resources on topics related to children and young people's mental health issues that anyone, including parents, children, young people, or even members of the media, can access for free. We will also be distributing thought leadership articles from the IACAPAP every quarter on pertinent public youth mental health issues. We hope through knowledge sharing and imparting positive messages, we can collectively make a positive difference in people's lives. Knowledge changes perception and shapes opinion." Said Ms. Jennifer Kok, the Founder & CEO of Media OutReach."

Media OutReach has been supporting numerous local and international non-profit organisations which focus on social and mental wellbeing of children and young people. "We help on the premise that every child matters, regardless where they live and what skin color they are, no child or adolescent should be neglected. They are the future of the world, and this our vision aligns with that of IACAPAP's. We are very certain that this partnership will bring a positive impact to the society and help to change people's attitudes towards mental health issue. More importantly, we want parents and society to regard seeking mental health advice as just the same as going to your general practitioners." She continued.

Media OutReach's guarantee online news posting helps to make articles available to a global audience and by delivering news directly to the inboxes of relevant journalists out of 140,000 media contacts, the newswire will ensure IACAPAP's news is readily available for journalists who would like to write or research about related topics. "With Media OutReach's global press release distribution capabilities, we are able to make changes impactfully." Said Ms Kok.

- The End -

### About IACAPAP

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) dates its origin back to 1937 in Paris, France. Initially named the International Committee of Child Psychiatrists, it was renamed IACPAP in 1948 incorporating allied professions, and in 1978 adolescent psychiatry was added to form IACAPAP. IACAPAP's mission is to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research.



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## About Media OutReach



Founded in 2009, and with its headquarters in Hong Kong, Media OutReach is the first global newswire founded in Asia Pacific with offices in Singapore, Malaysia, Vietnam, Japan, China and Taiwan. Media OutReach is the only newswire that owns its distribution network across 24 countries across Asia Pacific; possessing a database of more than 140,000 journalists, 400 trade categories, 65,000 media titles and 480 media partnerships, it is revolutionising the industry by providing guarantee online news posting by language for each distribution. With proprietary technology at its core, Media OutReach Newswire distributes multi-language and multimedia press release contents directly to the inboxes of targeted editors and journalists to optimize news write-ups, build media

relations and automates the reporting process with key performance metrics and its pioneering post-release reports gives insights into journalists accessing the release by publication and by country. Media OutReach Newswire is the go-to news release and content distribution partner for public relations, social marketing, digital agencies, and organizations in Asia Pacific. For more information on Media OutReach, please visit [www.media-outreach.com](http://www.media-outreach.com)

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# ADVERTISING OPPORTUNITIES!

Approximate circulation: 6,500

Distributed to the entire IACAPAP membership!!

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

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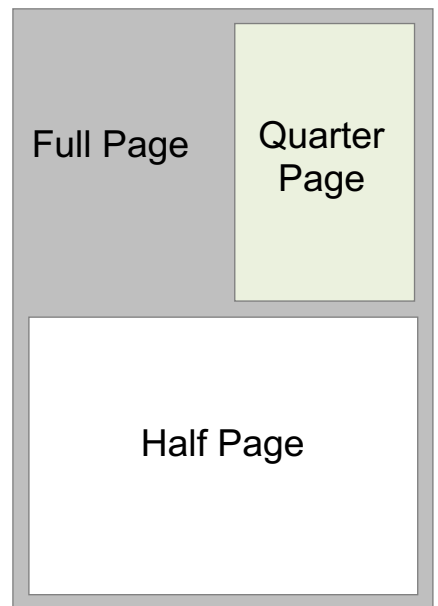
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**Cancellation Policy:** Cancellations are not accepted. No refunds will be issued.

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](mailto: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:

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# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

# IACAPAP Member Organisations

## Full Members

**A**lgerian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

**A**merican Academy of Child and Adolescent Psychiatry (AACAP)

**A**sociacion Argentina de Psiquiatria Infantil y Profesioness Afines (AAPI)

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**A**ssociation for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN)

**A**ssociation for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS)

**A**ssociation for Child and adolescent psychiatry in Bosnia and Herzegovina

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**B**angladesh Association for Child & Adolescent Mental Health (BACAMH)

**B**ulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)

**C**anadian Academy of Child and Adolescent Psychiatry (CACAP)

**C**hild and Adolescent Psychiatry Section of Estonian Psychiatric Association

**C**hild Mental Health Association in Egypt

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**C**hinese Society of Child and Adolescent Psychiatry (CSCAP)

**C**roatian Society of Child and Adolescent Psychiatry (CROSIPAP)

**D**anish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)

**E**gyptian Child and Adolescent Psychiatry Association (ECAPA)

**E**mirates Society for Child Mental Health

**F**aculty of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

**F**innish Society for Child and Adolescent Psychiatry (LPSY)

**F**lemish Association of Child and Adolescent Psychiatry (VVK)

**F**rench Society of Child and Adolescent Psychiatry and Allied Health (SFPEADA)

**G**erman Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP)

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# IACAPAP Member Organisations

## Full Members Continued...

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