



World Child & Adolescent Psychiatry ISSUE 24, September 2023

Improving child and adolescent mental health by connecting global wisdom with everyday practice and advocacy

World Psychiatric Association,
Child and Adolescent Psychiatry Section's
Official Journal



Photo Credit: *South Coast of Victoria, 2023*

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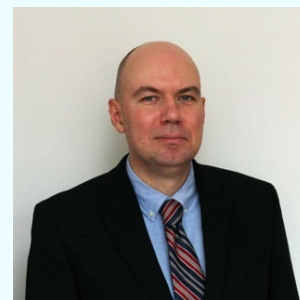
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Chair's Column

Prof. Norbert Skokauskas (Norway/Australia)
Chair, WPA Child and Adolescent Psychiatry Section
Editor, World Child and Adolescent Psychiatry



Dear Colleagues,

Welcome to the September issue of the “World Child and Adolescent Psychiatry”, an official journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA CAP).

First, on behalf of the WPA CAP section, I extend our gratitude to Prof. Afzal Javed (UK/Pakistan) for his leadership as the WPA President from 2020 to 2023. We are particularly grateful for Prof. Afzal's special attention and support for child and adolescent mental health. His dedication to this agenda has made a significant impact and resonates deeply with our members, for more please see Prof. Afzal report (pp.5-7).

The WPA CAP section is delighted to witness the upcoming commencement of Prof. Danuta Wasserman (Sweden) into the role of WPA President later this year. Notably, in 1995, Prof. Danuta Wasserman achieved the distinction of being the first in Europe to receive a Professorship in Psychiatry and Suicidology. During her forthcoming mandate as WPA President, Prof. Danuta Wasserman will focus on increasing awareness of the role of healthy lifestyles in preservation and promotion of good mental and somatic health.

Who will succeed Prof. Danuta Wasserman as the President-elect remains a subject of anticipation. The WPA General Assembly is scheduled for the 30th of September 2023. As per tradition, the “World Child and Adolescent Psychiatry” section poses the same set of five questions to all candidates standing for the WPA President position. We imposed no restrictions on their answers, and we publish them as received, without any edits (pp.15-35). On behalf of the deputy editors, Prof. Anthony Guerrero and Dr. Tomoya Hirota, who have been in communication with the presidential candidates, I extend my gratitude (in alphabetic order) to Prof. Vinay Lakra, Prof. Tarek Okasha, Prof. Irina Pinchuk, Prof. Mysore Renuka Prasad, and Prof. Thomas G. Schulze. Each of these esteemed colleagues took the time to share their vision for the WPA, and we truly appreciate their engagement in this process. On behalf of the WPA Child and Adolescent Psychiatry section, I wish to thank outgoing WPA Executive Committee members, Prof. Michel Botbol (Secretary for Publication) and Prof. Roger Ng (Secretary for



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Education / Interim Secretary General). Professor Michel Botbol's and my report on a recent regional meeting can be found on pp. 52-54.

Predecessor to Prof. Roger Ng, Prof. Edgar Belfort (Venezuela) sadly passed away earlier this year. He was a distinguished child and adolescent psychiatrist and an esteemed member of our journal's editorial board. Thanks to his efforts, several editions of the "World Child and Adolescent" journal were translated into Spanish. As a mark of respect to Prof. Edgar Belfort, I have included my editorial in Spanish within this issue.

It is crucial that we build upon exemplary leadership and continue to expand the WPA's efforts in education and publications. This will enable us to effectively address the escalating demand for mental health services.

To effectively tackle the surge in mental health requirements worldwide, the WPA has to support national societies in their educational endeavors. By collaborating with national societies, the WPA can analyze and adapt successful national recruitment strategies, capitalizing on the increased recognition of mental health and its impact on society. In this way, we can attract the most talented young minds to psychiatry and bring fresh perspectives and ideas to the field. As we navigate through uncertain times, the WPA itself must be innovative, dynamic, and inclusive. Emphasizing sustainable education and scientific publications is vital to thriving amidst the challenges ahead. Harnessing modern technology to deliver educational programs that prevent burnout and foster professional growth should be at the forefront. In an interconnected world, the WPA must enhance its global presence in the realm of education and publications. Facilitating interagency collaborations and partnerships will further strengthen the impact of our efforts, allowing us to provide more comprehensive and effective support to psychiatrists and the broader psychiatric community. We must embrace the opportunities at this critical juncture and respond to the urgent call for enhanced mental health care. By expanding educational activities, nurturing innovation, and promoting global collaborations, the WPA will undoubtedly make a significant difference in the lives of patients and psychiatrists alike. Together, we can build a stronger and more compassionate world and ensure that no one is left behind in the pursuit of mental well-being.

Let's do it!



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Chair's Column

Estimados Colegas,

Bienvenidos al número de septiembre de "Psiquiatría Mundial del Niño y del Adolescente", revista oficial de la Asociación Mundial de Psiquiatría, Sección de Psiquiatría del Niño y del Adolescente (WPA CAP).

En primer lugar, en nombre de la sección WPA CAP, extendiendo nuestra gratitud al Prof. Afzal Javed por su liderazgo como Presidente de la WPA de 2020 a 2023. Estamos particularmente agradecidos por la especial atención y apoyo del Prof. Afzal a la salud mental de niños y adolescentes. Su dedicación a esta agenda crucial ha tenido un impacto significativo y resuena profundamente con nuestros miembros, para más información, consulte el informe del Prof. Afzal sobre su agenda presidencial (pág. 5-7)

La sección CAP de la WPA está encantada de presenciar el próximo comienzo de la Prof. Danuta Wasserman en el papel de Presidenta de la WPA a finales de este año. Cabe destacar que, en 1995, la Prof. Danuta Wasserman logró la distinción de ser la primera en Europa en recibir una cátedra de Psiquiatría y Suicidología. Durante su próximo mandato como Presidenta de la WPA, la Prof. Danuta Wasserman se centrará en aumentar la concienciación sobre el papel de los estilos de vida saludables en la preservación y promoción de una buena salud mental y somática.

Queda por saber quién sucederá a la profesora Danuta Wasserman como Presidenta electa. La Asamblea General de la WPA está prevista para el 30 de septiembre de 2023. Como es tradición, la sección de Psiquiatría del Niño y del Adolescente de la WPA plantea el mismo conjunto de cinco preguntas a todos los candidatos al puesto de Presidente de la WPA. No impusimos ninguna restricción a sus respuestas, y las publicamos tal como las recibimos, sin ninguna edición (pág. 15-35). En nombre de los editores adjuntos, el Prof. Anthony Guerrero y el Dr. Tomoya Hirota, que han estado en comunicación con los candidatos a la presidencia, hago extensivo mi agradecimiento (por orden alfabético) al Prof. Vinay Lakra, al Prof. Tarek Okasha, a la Prof. Irina Pinchuk, al Prof. Mysore Renuka Prasad y al Prof. Thomas G. Schulze. Cada uno de estos estimados colegas dedicó su tiempo a compartir su visión de la APM, y agradecemos sinceramente su compromiso en este proceso.

En nombre de la sección de Psiquiatría del Niño y del Adolescente de la WPA, deseo dar las gracias a los miembros salientes del Comité Ejecutivo de la WPA, el Prof. Michel Botbol (Secretario de Publicaciones) y el



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Prof. Roger Ng (Secretario de Educación / Secretario General Interino). El informe del Profesor Michel Botbol y mío sobre una reciente reunión regional se puede encontrar en las págs. 52-54

El Prof. Edgar Belfort (Venezuela), antecesor del Prof. Roger NG, lamentablemente falleció a principios de este año. Fue un distinguido psiquiatra infantil y de la adolescencia y un miembro apreciado de la junta editorial de nuestra revista. Gracias a sus esfuerzos, varias ediciones de la revista "World Child and Adolescent" fueron traducidas al español. Como muestra de respeto al Prof. Edgar Belfort, he incluido en esta edición, mi editorial en español.

A medida que avanzamos, es crucial que nos basemos en su liderazgo ejemplar y sigamos ampliando los esfuerzos de la WPA en materia de educación y publicaciones. Esto nos permitirá abordar eficazmente la creciente demanda de servicios de salud mental.

La WPA debe aprovechar las oportunidades que se presentan en esta coyuntura crítica y responder a la urgente necesidad de mejorar la atención a la salud mental. Mediante la ampliación de las actividades educativas, el fomento de la innovación y la promoción de colaboraciones globales, la WPA marcará sin duda una diferencia significativa en las vidas de los pacientes y los psiquiatras por igual. Juntos, podemos construir un mundo más fuerte y compasivo.

¡Hagámoslo!

<https://www.youtube.com/watch?v=f75sEY1H76w>

Prof. Norbert Skokauskas (Noruega/Australia)

Presidente, Sección de Psiquiatría de Niños y Adolescentes de la WPA
Editor, Psiquiatría Mundial de Niños y Adolescentes



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Implementation of WPA Action Plan 2020-2023: An update



Prof. Afzal Javed

President, World Psychiatric Association (UK/Pakistan)

As per WPA's working, its general assembly approves a triennium plan every three years. Current triennium's Action Plan for 2020-23 was approved in the general assembly held in 2020. Based on this Action Plan that defines emerging needs and priorities, from a worldwide perspective & with focused target on some specific areas of mental health, WPA continued achieving these goals and objectives of the approved action plan during this three year's term.

Salient features of the Action Plan 2020-23 included proposed work in the following areas.

**PUBLIC MENTAL
HEALTH**

**CHILD,
ADOLESCENT &
YOUTH MENTAL
HEALTH:**

**DEALING WITH CO-
MORBIDITY IN
MENTAL HEALTH**

**PARTNERSHIP
WITH OTHER
PROFESSIONAL
ORGANISATIONS &
NGOs**

**CAPACITY
BUILDING**

**CONTINUATION &
COMPLETION OF
PREVIOUS ACTION
PLANS WORK**



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WPA faced a number of difficulties during the current term. This triennium was full of problems and issues especially related to covid and post covid situations. War in Europe and conflicts & disasters in many other parts of the world also have an impact on various activities. However, despite these problems, WPA continued its work through these difficult times and prioritised its activities in an international perspective especially targeting majority of our membership working with these plans and objectives. Like many other professional organisations, World Psychiatric Association (WPA) has been severely impacted by the effects of the pandemic. However, all of our stakeholders and components adapted their activities, learn to work in new ways and seek innovative ways to support professionals. Throughout these crisis period, WPA remained committed to its cause and globally supported mental health topics with a number of activities as per the priorities set out in our 2020-2023 Action Plan.

With the help of Action Plan working groups, we worked on key priorities & capacity building areas including Public Mental Health; Child, Adolescent and Youth Mental Health, Digitalisation in Mental Health and Care, Medical Students, and Volunteering. Child, Adolescent & Youth Mental Health, was highlighted as an important & salient feature of the proposed Action Plan and we worked during the last three years by sharing knowledge & evidence- based information on Child, Adolescent & Youth Mental Health. With the help of WPA's child & adolescent psychiatry scientific section, WPA established a working group on "Child & Adolescent Mental Health" and agreed in planning activities that could enhance capacity building, guidance for service provisions and continued medical education in this field.

WPA launched its Education Portal in 2020 and it now houses many educational resources and online courses. Following the pandemic, online learning emerged to be an everyday part of life. As such, WPA and its Committee on Education have remained committed in developing, implementing, supporting, collaborating on and co-sponsoring as many online courses and webinars as possible. During 2021-22, WPA has uploaded a series of learning modules and recordings of webinars covering a variety of topics. The system has a critical role in WPA's education and communications programmes and, more recently, has also played a key role in its emergency response to world emergencies; for example, with its extensive COVID-19 Mental Health Resources on-line Library.



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WPA's Collaborating Centres (CC) actively participated in sharing knowledge with our membership in various domains of mental health. During this triennium, WPA added Doha, Qatar as a collaborating centre focusing mainly on child and women's mental health. WPA also continued supporting our member societies for promoting projects in different areas of child & adolescent mental health. Two projects, in particular, gained a paramount importance in these areas. One project on school mental health and the other one on training schoolteachers about recognition & assessment of child mental health needs during the schooling period. We hope to present the findings of these projects very soon.

Public mental health (PMH) takes an approach to reduce mental disorders and promote mental wellbeing. This is important especially for child & adolescent psychiatry as most of the psychiatric problems start during child & adolescent periods. WPA through its action plan group on Public Mental Health actively promoted the required levels of PMH interventions with an emphasis on advocating a public mental health approach in all areas and especially in child & adolescent psychiatry. As public mental health implementation gap is a global problem experienced by all countries, World Psychiatric Association highlighted Public Mental Health Needs Assessment overview at national and international levels. I am pleased that the WPA Section on Children & Adolescent Psychiatry continued with their efforts for highlighting issues in clinical, academic and research domains. The membership of this section with able leadership has kept Child, Adolescent & Youth Mental Health as a priority area for WPA's action plan. WPA firmly believes that child & adolescent mental health and capacity building in several areas will continue in WPA's future programmes. I personally rely on WPA's section expertise for their continuous dedication and support and look forward receiving their recommendations during the current triennium.

While thinking about the future, WPA continues to stay motivated and inspired by the commitment and hard work from our membership when dealing with such difficult situations. WPA, of course, look forward for a regular and & continuous commitment from its membership to change challenges into opportunities. Let us continue working for the future of psychiatry and mental health together with commitment, enthusiasm and engagement.

References available on request



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Prof. Anthony Guerrero (USA)

WPA CAP Co-Chair

Deputy Editor, "World Child and Adolescent Psychiatry"

On behalf of the editorial team of "World Child and Adolescent Psychiatry," I am pleased to present this editorial featuring our Section Chair and Editor-in-Chief, Prof. Norbert Skokauskas.

Prof. Norbert Skokauskas has been serving as Chair of the Child and Adolescent Psychiatry Section of the WPA since 2017, after having served as Secretary of this Section from 2011 to 2017. Since 2011, he has also served as the Founding Editor-in-Chief of our -journal, "World Child and Adolescent Psychiatry," which aims toward "improving child and adolescent mental health by connecting global wisdom with everyday practice and advocacy"; which welcomes all international submissions; and which is completely free to submit to, publish in, and read.

The WPA's Child and Adolescent Psychiatry Section supports the overall mission and goals of the World Psychiatric Association in: working with its members and partners around the world to promote child and adolescent mental health and to encourage the highest possible standards of clinical practice and ethical behavior in child and adolescent psychiatry; contributing to education programs and research, meetings, and publications to increase knowledge about child and adolescent mental disorders and skills in addressing them; disseminating knowledge about evidence-based therapy and values-based practice in child and adolescent psychiatry; being a



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voice for the dignity and human rights of young patients and their families; and upholding the rights of child and adolescent psychiatrists where they may be challenged.”

Under Prof. Norbert Skokauskas' leadership our section has convened work groups who represent multiple world regions, who publish papers in various international peer-reviewed journals, and who present at various international scientific forums (<https://www.wpanet.org/child-adolescent-psychiatry>). Furthermore, the work groups evaluate and optimize training and workforce development especially in parts of the world where child and adolescent psychiatrists are in short supply, address the needs of children and adolescents worldwide who are vulnerable to health and mental health disparities, and provide mutual support to colleagues worldwide as we face multiple challenges (including the COVID-19 pandemic) in common.

With Prof. Skokauskas' leadership in the Section, many international partnerships and friendships have been forged through his invitations to contribute to this -journal, to participate in the activities described above, and to simply meet and keep in touch by e-mail and other communication forms. The impact of Prof. Norbert Skokauskas' activities cannot be overstated. Through Prof. Skokauskas' inclusive and supportive mentorship and engagement with the global child and adolescent psychiatry community, careers have been launched for several child and adolescent psychiatrists throughout the world, curricular materials have been developed to adequately train the future global workforce in child and adolescent psychiatry, new workforce development programs and pathways have become available, the mental health service capacities for several under-resourced nations have been increased, and, overall, our specialty is in a better place to care for the mental health of all people in the world, especially the marginalized and vulnerable populations that have been the focus of Prof. Norbert Skokauskas' scholarship.

The editorial team of "World Child and Adolescent Psychiatry" is indebted to Prof. Skokauskas for his vision and founding leadership of our section's journal, and for inspiring all of us to bring forth the best that our specialty has to offer. As a journal, we remain proud to be a forum for authors all over the world, and with varying degrees of publication experience, to share ideas that stimulate dialogue and that lead to actions and innovations that benefit global youth mental health.

Highlights of "World Child and Adolescent Psychiatry," since its founding in 2012, have included:



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- interviews of leaders within our specialty, leaders within the WPA, and leaders in other supportive specialties, including general psychiatry, medical education, pediatrics and primary care
- perspectives of trainees and early career psychiatrists
- glimpses of our specialty from colleagues in countries throughout the world, including where resources may be scarce
- articles on the mental health of indigenous youth
- articles describing the front-line impacts of various global events – including the COVID-19 pandemic, disasters, wars, and other humanitarian crises – on our specialty
- a review of the history of international child and adolescent psychiatry

https://www.wpanet.org/_files/ugd/e172f3_3a86725f51054a60bf32da771e46f508.pdf

As we anticipate the forthcoming World Congress of Psychiatry in Vienna, Austria, where the WPA Executive Committee elections will take place, we take this opportunity to sincerely thank Prof. Norbert Skokauskas for his many contributions and to wish him the best in his future endeavors and contributions in the international psychiatric community!



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The WPA Presidential Working Group on Child and Adolescent Psychiatry

WPA 2020-2023



Prof. Bennett L. Leventhal (USA)

The WPA Working Group on Child and Adolescent Psychiatry was convened by Prof. Afzal Javed, WPA President to carry out work related to the President's 2020-2023 Action Plan. Prof. Bennett Leventhal and Prof. Norbert Skokauskas were invited to chair the group. Since child and adolescent mental health is one of the key features of the WPA 2020-2023 Action Plan, the activities of the WPA Working Group on Child and Adolescent Psychiatry are of particular importance. The Working Group focused on three main topics:

1. Global Advocacy for Child and Adolescent Mental Health
2. Training and Capacity Building for a Child and Adolescent Mental Health Workforce
3. Supporting Research in Child and Adolescent Mental Health

To explore these goals, the Group organized committees to develop plans for each of these 3 critical areas.

The Advocacy Committee

Child and Adolescent Mental Health has been grossly undervalued in the worlds of general medical care, public health, and general mental health. Most countries don't have a child and adolescent mental health policy and, despite the fact that youth represent as much as 1/3 of the population in develop countries (LMIC's), most have few if any child and adolescent mental health resources. It has long been known that 75% of all mental disorders begin before the end of adolescents, yet resources for identification, treatment, professional education and development lag way behind, even amongst professional societies, including the WPA. The Advocacy Committee is focused on developing resources to increase awareness and acceptance of child and adolescent mental disorders as a very common public health concern for which there are meaningful and effective treatments.



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The Committee began with a partnership with the Child Mind Institute (CMI) in New York City, USA a leader in innovative child advocacy programs. CMI is a non-profit, non-governmental organization dedicated to transforming the lives of children and families struggling with mental health and learning disorders. It has consistently run campaigns in the public media that have engaged celebrities in sending messages to the broader community. While mostly focused on the US, CMI programs are readily transferable to other communities and settings. In response to the COVID-19 pandemic, CMI sent messages of hope through its “Getting Better Together” program in which celebrities recorded messages about their own struggles with mental health problems and how they are working to get better. The Committee determined that it was essential demonstrate the effectiveness of these and other campaigns, for use in different languages and cultures.

In another advocacy effort, WPA CAP partnered with the World Infant Mental Health Association (WAIMH), the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), and the International Society for Adolescent Psychiatry and Psychology (ISAPP) to create World Infant, Child, and Adolescent Mental Health Day. This creates a moment in time each year in which WHO, NGO's, governments and other groups acknowledge the import of child and adolescent mental health and advocate for the promotion of mental health and prevention of mental illness in youth. 23 April 2023 is declared as World Infant, Child and Adolescent Mental Health Day (WICAMHD) by above listed organizations. Large scale advocacy programs are important but, even with the internet, effective programs require substantial resources. WPA CAP and the Advocacy Working Group are seeking the necessary resource with CMI and other partners in order facility and international child and adolescent mental health advocacy program. This is the first step in a broader advocacy campaign designed to make children's mental health an important part of global and local healthcare planning and policy. The ultimate goal of this this effort is reduce stigma and increase availability of resources for child and youth mental health.

The Training and Capacity Building Committee

Child and Adolescent Mental Health is a rapidly expanding public health crisis around the world. With an estimated 20-25% point prevalence of child, adolescent, and youth mental disorders, there is a desperate shortage



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of psychiatrist, psychologists, nurses and other professionals appropriate trained to meeting the growing needs of young people around the world. This is compounded by the fact that primary health care providers are woefully inadequately trained in techniques for prevention, awareness, screening and early intervention for childhood onset mental disorders. It is currently estimated that there is an average of 7-year gap between the onset of symptoms and the initiation of services for youth with mental disorders. This outrageous situation is having a tremendously adverse impact on developing adults as it contributes to educational failure, increased crime, substance misuse, poor job performance, domestic violence, and much more. This is especially the case in LMICs.

The Training and Capacity Building Committee has explored multiple options to change the available resources for training at multiple levels. This includes working with partner organizations to create curricula and training materials for:

1. Medical students
2. Trainees in general psychiatry
3. Trainees in primary care medical specialties, especially Family Medicine/General Practice, Pediatrics, Obstetrics and Gynecology, and Emergency Medicine.
4. Trainees in other professions associated with medical practice, including psychologists, nurses, nurse's aides, and community health workers.

In addition, the Committee has examined the content and duration of training in general psychiatry and child and adolescent psychiatry:

1. Appropriately balancing training experience in general psychiatry to be commensurate with the prevalence and impact of child, adolescent, and youth mental disorders.
2. Reducing the amount of time necessary to complete training in child and adolescent psychiatry.
3. Develop international standards for training in child, adolescent, and youth psychiatry by building model curricula that can be shared, especially with LMIC's without a critical mass of youth mental health professionals necessary to sustain training programs.
4. Develop an international certification program in Child, Adolescent, and Youth Psychiatry, as well as one for Child, Adolescent, and Youth Mental Health.



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5. Developing on-line, shareable resources to support child and adolescent mental health training programs around the world.

The Committee has started to develop partnerships and aggregate materials necessary for this effort. It is also pursuing resources to support this effort.

Research Committee

As is the case throughout child and adolescent healthcare, there is often the assumption that children are simply small adults who can benefit from similar treatments with expectation that they will lead to similar outcomes. This could not be further from the reality of the situation. Children have rapidly changing brains that are particularly open and vulnerable to a variety of environmental factors. The biological and environmental factors have dramatic impacts, both positive and negative, on the developing brains and knowledge for these children. There is a pressing need to develop a cadre of scientists who will have the training, experience, and determination to undertake studies in developmental neurobiology, developmental psychology, developmental psychopathology, as well as genetics, anthropology, sociology, toxicology, etc. With this effort, new knowledge and services can improve outcomes for youth with mental and developmental disorders. A critical cadre in this effort will be clinical scientists who can rapidly translate basic science into clinical practice.

Sadly, through surveys and other efforts, the Committee has found that rather than increasing, the number of developmentally focused clinician-scientists is declining at an alarming rate. This is occurring at the time of greatest need. To counter this trend, the Committee has written a paper on the training of clinician-scientists in child and youth mental health. This includes a tentative set of recommendations for the WPA to consider in its efforts to support clinician-scientists in child and adolescent psychiatry. In addition, the Committee has started to prepare a compendium of clinician-scientist training programs. Committee presentations and publications as well as recommendations have been shared with the WPA president and can be made available to readers upon request.



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Interview with Prof. Vinay Lakra, Presidential Candidate, WPA 2023



Prof. Vinay Lakra

1. Why have you decided to accept the nomination for the WPA Presidency?

Let me start by thanking you for this opportunity. When I was first approached by colleagues to nominate for this role last year, I was surprised as well as honoured by their consideration. I gave it a good thought and discussed with several colleagues before accepting the nomination. I have always utilised my roles over time to contribute to our society and this role seemed a perfect opportunity for me to contribute at world stage after my recent work.

I recently served as President of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) for two years. I was on the RANZCP Board for five years including a two year period as President Elect prior to taking over as President. I achieved several positive outcomes during my tenure with RANZCP despite a period which was significantly impacted by the uncertainty created by COVID-19. It also provided me opportunities to interact with and contribute at the world stage. We created opportunities for collaborative work between RANZCP and several WPA member societies. I also strongly supported the work of WPA during my term including the alternatives to coercion project which was funded by RANZCP, as well as making psychiatry attractive to medical students.

In addition to this, I have qualifications and experience in medical administration, public health and health policy, and I have worked closely with policy makers and politicians, skills which would be valuable for the WPA role.



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I will bring diversity to the WPA executive based on my skills as well as experience in Australasia over many years. I have been in leadership roles for over 15 years across a range of clinical and administrative settings.

Overall, I believe that I have the right skill mix and the attitude to take WPA forward. For that reason many of my international colleagues encouraged me to nominate for the role and I thank them for placing their trust in my abilities.

2. What are the greatest challenges our field is facing?

Psychiatry is more visible than it has ever been and we must thank our leaders for that. I also worked to enhance our profile across our region and it is evident in several domains including recognition of psychiatrists in various awards for their contribution to society.

Our field is facing several challenges but there are also opportunities around us. The biggest challenge remains about access to care and treatment for various reasons including inequity of access and stigma. While the prevalence for mental disorders is high, we have not been able to implement solutions which will address those issues. Access to care and treatment is poor even in many high income countries. We need to invest more in implementing evidence based public health approaches, which will help reduce the burden of disease while also simultaneously providing evidence based treatment for those with chronic and relapsing disorders. Providing care in community and keeping people well is more cost effective and allows them to contribute to society more meaningfully. This can only happen if we are able to influence policy makers in our countries and regions.

There are several other challenges including working with various stakeholders, workforce shortages, making psychiatry attractive to medical students, consistency of psychiatry training as well as training for professionals and non-professionals, promoting research and treatments which are more effective etc etc. Many of these issues are global and many vary across regions and we need to listen to the leaders in their areas and work with them to identify and implement local solutions. Essentially there are global problems for which we must find and implement global as well as local solutions.



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3. What is the WPA's role in overcoming them?

For me WPA stands for “World Psychiatry for All” and so WPA has a major role to play given its presence across the globe. One of my action plan would be to enhance our reach to countries where we do not have a presence. WPA also provides a platform for us to recognise issues which are of importance globally as well as locally. That is a great strength of WPA and we must tap into that resource. I will work with the executive to progress our engagement with various international organisations so that we can work collaboratively to identify and address key issues. Through engagement with member societies as well as regional associations, we are well placed to address global issues with solutions which are effective locally. WPA's project regarding alternatives to coercion is a good example of how we can develop policies as well as local solutions to address a global issue.

Our human capital is our biggest strength. We have people who bring variety of experiences and expertise. I have the leadership skills to bring people together to address complex issues. I also have the ability to influence policy makers to achieve our vision as I have demonstrated in my work with RANZCP. I will be that voice for psychiatry and WPA.

4. If elected, how will you integrate child and adolescent psychiatry into your presidential initiatives?

Child and adolescent psychiatry is crucial to everything we achieve in psychiatry. We all know prevention is better than cure. Vast majority of psychiatric disorders have their origins early in life and there are several factors which influence development of that burden. If we are to address the mental health pandemic (which was present even before COVID, but more recognised post COVID), then we need to focus on public mental health initiatives early in life, which can reduce the burden of disease. Child and adolescent psychiatry can contribute immensely to development and implementation of public health approaches to prevent mental health issues including with programs like school mental health. During my term as RANZCP President I advocated strongly for investment in strategies which focus on first few years of life to prevent and reduce the disease burden. Child and adolescent psychiatry is also well integrated with approaches to work with the social and family domains which is crucial to our profession given the significant impact of psychosocial issues on the outcomes of many psychiatric disorders.



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The current WPA action plan has Child, Adolescent and Youth Mental Health as one of the items and I will review the achievements and outcomes from those actions and build on it further during my term. I will also work closely with the leadership of the Child and adolescent psychiatry section to hear their views in how we can influence things. I have no doubt that together we will be able to make a difference. Good policies go a long way in achieving better outcomes.

So in that regard I will be approaching your team for your suggestions.

5. “World Psychiatry” is the number 1 ranked journal in Psychiatry. How can the success of “World Psychiatry” be expanded to other WPA “products” and activities?

I have been quite amazed with the success of “World Psychiatry”. There are lot of journals and fair bit of research which gets published in many journals. The important thing is how that translates into improving outcomes for our patients and their families. I am sure there are many factors which contribute to success of “World Psychiatry” including individual contribution by many highly successful people over time. I will take that model to other WPA activities including our conferences and events, development of policies etc. Clarity of vision, engagement of the right stakeholders and good leadership are essential ingredients for success. There is lot to learn and I have a positive attitude to learn and improve, which will help us to expand that excellence to other WPA activities and products.

I have always pursued excellence and many a times solutions and outcomes come from diverse experiences. I bring that diversity to the WPA leadership. During my term as RANZCP President, we pursued excellence in many areas including enhancing our journals, financial stability, growth of RANZCP foundation which supports research, and we also conducted two of our most successful conferences ever besides a vast array of virtual events. There is always a team behind these successes and I have the skills as a team player who can take us towards that excellence and improvement.



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Interview with Prof. Tarek Okasha, Presidential Candidate, WPA 2023



Prof. Tarek Okasha

1. Why have you decided to accept the nomination for the WPA Presidency?

Over the past few months, I have been approached by several colleagues whose opinions and views I trust who encouraged me to run for the position of WPA President Elect based on my more than 20 years work and experience with the WPA.

- a. I started work with the WPA in the late 1990s as an officer and member in several WPA scientific sections and have attended WPA congresses since 1993.
- b. I was a WPA board member and WPA Zonal Representative for Northern Africa from 2002-2008, during which time I was an assistant to the director of the WPA 13th World Congress of Psychiatry held in Cairo, Egypt in 2005.
- c. I was elected from 2008 to 2014 as WPA Executive Committee Member as WPA Secretary for Scientific Meetings and chairperson of the WPA Operational Committee on Scientific Meetings.
- d. During my term as WPA Secretary for scientific meetings I organized with my colleagues:
 - i) 2 WPA World Congresses (Buenos Aires, 2011 and Madrid, 2014) as well as preparing and signing the contract for the World Congress in Berlin, 2016.



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- ii) 4 WPA International Congresses (Florence, 2009, Beijing, 2010, Prague, 2012 and Vienna, 2013).
- iii) 20 WPA Regional, Thematic & Intersectional Congresses in all WPA regions.
- e. I was privileged to receive a WPA Presidential Commendation and become an Honorary Fellow of the World Psychiatric Association in 2014.
- f. Since 2018 till now, I am Director of the WPA Collaborating Centre for Training and Research in Psychiatry in Cairo, Egypt.

2. What are the greatest challenges our field is facing?

I come from Egypt, which is a developing country, and I believe that the WPA should help developing countries whether in Africa, South America, South-East Asia and any other part of the world using its worldwide experience in;

- a. Caring for the continuous medical education of psychiatrists and caring for both patients with psychiatric disorders and their caregivers, this might be something which is already established in some developed countries, but helping developing countries deal with this problem is essential.
- b. Promoting and fighting for parity of mental health with physical health and equity across mental health services.
- c. Including psychiatry as an integral part of primary care to ensure better care, follow up and relapse prevention of patients with psychiatric disorders.
- d. Strengthen the corporate identity of the WPA
- e. Securing long term financial support for the WPA to ensure the smooth running of its secretariat and activities.
- f. Stimulate and support the development and implementation of the policies of the WPA and ethics code "the Madrid Declaration" among all member and affiliated WPA societies.



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3. What is the WPA's role in overcoming them?

The WPA can help each item mentioned before by:

- a. Continuing with WPA educational programs to disseminate knowledge about evidence based therapies and value based practice, and to facilitate communication and assistance especially to psychiatric societies which are isolated or whose members work in challenging circumstances.
- b. Through the help of all WPA member societies using their own experiences, successes and failures in the promoting and fighting for parity of mental health with physical health and equity across mental health services and aim to make it a reality.
- c. Ensure that the WPA leads on promoting psychiatry in the training of primary care physicians and other health professionals and increasing their awareness of the burden of psychiatric disorders.
- d. Strengthen the corporate identity of the WPA through its members, member organizations and among other worldwide organizations using collaborative networks.
- e. Endeavour to secure long term financial support for the WPA to ensure the smooth running of its secretariat and activities from a range of supporters bearing into consideration WPA ethical standards
- f. Updating the policies of the WPA ethics guidelines "the Madrid Declaration" to the current changes occurring in the world and upcoming challenges.

4. If elected, how will you integrate child and adolescent psychiatry into your presidential initiatives?

I am happy to inform you that I was the Director of the Secretariat for the WPA Presidential Global Child Mental Health Program which was the official presidential program for the triennium (2002-2005) and included psychiatrists from all over the world and was done in collaboration with the IACAPAP with the participation of the then presidents Prof. Myron Belfer and Prof. Helmut Remschmidt.

Integration of child and adolescent psychiatry; to my mind; can be achieved by;



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- a. Collaborating with other societies working within the field of child and adolescent psychiatry whose aims and goals are in harmony with that of the WPA.
- b. Encouraging WPA sectional congresses where the highlight of the congress would be issues related to child and adolescent psychiatry
- c. Collaboration with other WPA scientific sections to hold inter-sectional meetings to promote the importance of co-morbidity of psychiatric disorders and help psychiatrists view psychiatric disorders longitudinally from childhood to adolescence to adulthood.

5. “World Psychiatry” is the number 1 ranked journal in Psychiatry. How can the success of “World Psychiatry” be expanded to other WPA “products” and activities?

World Psychiatry journal is the flagship of the WPA, the number one ranked journal not only in Psychiatry but in mental health sciences in general.

- a. Increasing scientific research carried out by different WPA scientific section including child and adolescent psychiatry section and promoting its publication in World Psychiatry which will increase the visibility of the scientific products of the WPA scientific sections.
- b. World Psychiatry is free for all mental health professionals to read and download articles, sending out short messages on social media will help translate hard scientific knowledge into simple messages for people around the world about the progress happening in psychiatry.
- c. Helping the current editor in-chief Professor Mario Maj, editors and editorial board their hard work in continuing the promotion of the journal and ensuring its continuous success.



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Interview with Prof. Irina Pinchuk, Presidential Candidate, WPA 2023



Prof. Irina Pinchuk

1. Why have you decided to accept the nomination for the WPA Presidency?

I am a physician who specializes in psychiatry but psychiatry is not just a specialty for me, it is integral to my heart and soul. This has never been more clear over the past the 1.5 years of the war. I have had to witness the suffering of my people and as we all face constant stress. The support and role of the WPA has been crucial in this process for me as a doctor and only reinforced how important it is to maintain priority role for mental health in the world. Sadly, Ukraine will not be the last catastrophe. I want to lead the WPA in the process of building tools and alliances necessary to sustain the mental health of individuals worldwide.

I am also well-prepared for this position.

1. For the last 7 years, I have been the contact person between the Ukrainian Psychiatric Association (UPA) and the WPA.
2. Every year, I organize international conferences in Kyiv, Ukraine with the support of the WPA.
3. UPA Positions:
 - a. Since 2020: Vice-President of the Ukrainian Psychiatric Association
 - b. 2012-2019: Board member of the Ukrainian Psychiatric Association



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- c. 2011-2012: Head of Donetsk Regional Branch of the Ukrainian Psychiatric Association, Donetsk, Ukraine
- d. 1998 to present: Member of the Ukrainian Psychiatric Association
- 4. I have experience working and leading global initiatives.
 - a) 2019 – present: Member of the Board of Directors of the International Consortium of Universities for Drug Demand Reduction;
 - b) Founder and Head of the Ukraine National Chapter of the International Society of Substance Use Prevention and Treatment Professionals.
- 5. At the national and regional level, I have held administrative and leadership positions:
 - a) 2019 to present: Director of the Institute of Psychiatry, Taras Shevchenko National University of Kyiv, Ukraine
 - b) 2012-2019: Director of the Ukrainian Research Institute for Social and Forensic Psychiatry and Drug Abuse, Ministry of Health of Ukraine, Kyiv, Ukraine
 - c) 2008-2012: Director of Hospital, Psycho-neurological Hospital, Donetsk, Ukraine
 - d) 2007-2008: Deputy Director of Hospital, Psycho-neurological Hospital, Donetsk, Ukraine
 - e) 2021 to present: Expert on Mental Health of the Ministry Health of Ukraine
 - f) 2020, 2021 – Consultant to the World Health Organization, Ukraine office
 - g) 2005-2009 – Chief Psychiatrist of Ministry of Health of Ukraine
 - h) 2003-2012 – Chief Psychiatrist of the Donetsk Regional State Administration, Department of Healthcare, Donetsk, Ukraine

My professional knowledge, experience, leadership skills, ability to bring people together, organize joint creative projects, understanding of development mental health services in settings with different resources, the desire to do more so that people suffer less, new acquired experience of life in the war can bring new perspective into



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reaching WPA goals and support my desire to accept the nomination for the WPA Presidency. I am sure that given the chance, I will be able to bring creativity to many WPA activities and closely collaborate together with WPA leaders and colleagues.

2. What are the greatest challenges our field is facing?

Psychiatry faces a multitude of challenges today. Global mental health threats include: growing social and economic inequality, violence and protracted military conflicts, forced migration; disruption of energy and food resources; nuclear disaster threats; economic crises; challenges to international law and to international organisations; and, moral and environmental crises. Russia's war in Ukraine has exacerbated and brought the challenges more sharply into focus and made the necessity and the role of the WPA is even clearer.

All these issues threaten our progress in maintaining and improving health and well-being. To prioritise across these multiple challenges, it is necessary to focus on three main issues:

1. Recognition of the importance of mental health by the governments of all countries regardless of economic level.
2. The need for evidence-based treatments to be available to all, irrespective of economic or cultural factors.
3. Acceptance of people with mental health problems as important members of their communities and societies.

3. What is the WPA's role in overcoming them?

The WPA is the single most powerful voice in Mental Health Leadership in the world. Creating and sustaining Joint Initiatives of all WPA member countries are crucial to developing and supporting the world's mental health systems.

WPA is working to offer Leadership in strategic collaborations with governments, and other professional and lay stakeholders, to develop policies, plan and practices that will improve service organization, enhance workforce development, and evaluate interventions, while also examining novel financial resources necessary to support



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these initiatives. These collaborations allow the WPA to create a roadmap for the future of psychiatry and our patients who are in ever greater need.

WPA Joint Initiatives to support and develop Mental health system in the world should be aimed at:

1. Education and training: Change the system for training psychiatrists in all countries to include competency-based education and unified, high quality standards for educational programs.
2. Promotion of mental health research: Increase support for faculty members/practitioners in research; Expand international research cooperation, including researcher's mobility; Organize scientific consortiums.
3. Advocacy: Enhance support for prevention, treatment and recovery services; increase support for service users and service providers; Reduce stigma.
4. Clinical services: Improve clinical service quality; Assist in improving the mental healthcare Quality Assurance Systems; Develop and implement Key Quality Standards and System Standards; Make high-quality prevention, treatment, and recovery services is available and an integral part of everyone's health.
5. Economics: Promote the assessment, development, and implementation of cost-effective interventions and practices.

If I am honored to be elected, I plan to promote the following main WPA Activities:

- Support the transformation of the mental health system, taking into account best practices and people's needs; training specialists using internationally-standardized curricula; Educate the general population about mental health needs and services, taking into account the increasing impact of emergencies.
- Passing on our knowledge and experience. Sharing is crucial to our success. Reach out. Build bridges.

As a Ukrainian who stayed in Ukraine and has witnessed the horrors of war and its impact on my fellow citizens, I can say with confidence that Ukraine today has had a terrible experience. None of us can simply be observers. We must act. There are many opportunities for action with traumatized soldiers, families, and children. We must also remember the most vulnerable victims of war are our patients – those who have psychiatric illness and those



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who develop psychiatric illness as a result of the trauma, violence, destruction, dislocation, many losses that are an inevitable part of war. What is necessary and important is that we now work together to pooling our knowledge and resources, as well as learn from the experience of responding to this war. Turning this experience into working structures and curricula means that we can educate the next generation of mental health professionals so they can face the next crisis with more knowledge and skill, based on what we have learned and what has already worked.

4. If elected, how will you integrate child and adolescent psychiatry into your presidential initiatives?

The current Committee on Child and Adolescent Psychiatry has been remarkably active. Because we know that the vast majority of psychiatric illness begins in childhood and adolescents, key actions for prevention and early intervention must begin with our youth. It will be necessary for WPA to continue supporting all current programs and initiatives, as well as create new ones to increase access and quality of child and adolescent mental health services worldwide. This includes implementation of evidence-based practices and development of integrated/embedded services, along with support for advocacy and implementation of evidence-based prevention programs, including support of family-based and school-based initiatives. Finally, as a critical component of prevention, WPA must support universal, high quality education for all members of our global community, especially for girls and women.

5. “World Psychiatry” is the number 1 ranked journal in Psychiatry. How can the success of “World Psychiatry” be expanded to other WPA “products” and activities?

The success of “World Psychiatry” is important to WPA and much gratitude is due to Professor Mario Maj and his distinguished editorial board. However, such success can be fleeting. First, WPA must put into place the mechanisms necessary to sustain the long-term success of “World Psychiatry” with both financial resources and plans for the orderly transfer of leadership. Building on the success of “World Psychiatry,” and the specialties represented by WPA Committees, the WPA may wish to consider a specialty journal series in areas, like child, adolescent and youth psychiatry, substance use, international mental health and other areas. In addition to journals, WPA may wish to consider book series with a global approach.



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Interview with Prof. Mysore Renuka Prasad, Presidential Candidate, WPA 2023



Prof. Mysore Renuka Prasad

1. What made you decide to accept nomination for the WPA Presidency?

I've been serving in institutional organizations, including the WPA, Canadian Psychiatric Association and Saskatchewan Psychiatric Association representing psychiatrists for over 25 years in senior executive positions. Professionally, I have worked for over 30 years in three different continents, working in teaching hospitals, rural communities, and even in remote communities.

Through my roles in senior strategic positions, I have seen how large organizations' decision-making has an impact at grassroots level, from prevention to intervention, influencing the accessibility, availability of evidence-based care. Throughout these experiences, I learnt how compassion and dignity in care positively impacts outcomes for patients and their families, which has given me a unique and grounded perspective with the capacity to approach different cultures and contexts, and have a critical eye for improvement.

I am convinced that I meet all the requirements for the position of President Elect-WPA. With my professional training, achievements in academic and clinical experience of working in three continents from low income to high income countries, I am confident that if given a chance, I will lead this organization with dedication and commitment, working with, WPA leaders across the globe, all members societies, and other stake holders. I am humbled by this opportunity to represent our colleagues globally, to advocate for our profession, to promote positive mental health and for the appropriate timely compassionate care of our patients, families, and communities at large.



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2. What are the greatest challenges our field is facing?

Our field is facing numerous dynamic challenges and the pandemic changed the world, exposed cracks in health care, particularly in mental health and addictions worldwide. Now, post-pandemic, we are seeing how various determinants affecting mental health globally and more so for people with mental illness and substance use disorder, not to mention the additional burden imposed by man-made crisis, like war, and climate change. It is impossible to pick the greatest challenges our field is facing now. However, some of the critical challenges are (not in any hierarchical manner):

1. To support all member societies from low income to high income member societies to promote public mental health, to address the needs of people with severe mental illness and substance use disorders, particularly the context of natural disasters, man-made crisis, including climate change.
2. How well to define, apply a universally acceptable, standard for care for all people with mental illness and substance use disorder, which is culturally appropriate, evidence-based, and affordable delivered in a timely manner, while overcoming multiple hurdles, including but not limited to funding issues, stigma, and institutional barriers.
3. To overcome stigmas of mental illness and substance use disorders both within and outside of medical profession.
4. To promote and sustain positive relationships with all member societies, mental health organizations (professional, voluntary, national and international, and NGO), and other health organizations, including WHO.
5. Working with other organizations to strategize to meet the future needs of our profession, focusing on global mental health, and address the needs of all people with mental illness and substance use disorders.
6. To persevere, promote appropriate education, enhancing capacity globally (undergraduate, postgraduate, continuing education) of medical and other allied health professionals, adapting evolving technologies, and appropriate evaluation.



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7. To consolidate and continue the gains the WPA has made so far and to ensure our institutional memory doesn't fade away with time.
8. To ensure inclusiveness and diversity at all stages of professional development, from policy, education, and practice.
9. To overcome the negative image of psychiatry, both within the medical profession and the community at large, and to promote psychiatry as a sought-after profession.

3. What is the WPA Role in Overcoming them?

I believe challenges also means opportunities.

I strongly believe that our actions raise the profile of our profession which will spruce the profession in a positive spin.

WPA, working with other members of societies and other stakeholders globally, ensure to have equitable access to culturally appropriate treatment, and advocate to have appropriate resources for all people with mental illness and substance use disorders.

Working with all other stakeholders, the WPA needs to ensure a clear pathway to address the need of people with mental illness, substance use disorders, and to promote positive mental health during crises like COVID, war and climate changes.

WPA plays an important role in advancing Psychiatry, promoting positive mental health for all people and to ensure appropriate, accessible, evidence-based treatment is not only available to everyone globally, which need to be delivered in a compassionate and dignified way.

WPA's role on a global basis is to help to reduce stigma of mental illness, demystify psychiatric treatment and promoting positive mental health.

WPA is expected to play a significant role, working with all member societies and other stakeholders, aligning our policies and actions to achieve the WHO Sustainable Developmental Goals(SDG) by 2030, "leaving no one behind" emphasizing equity on mental health, inclusion and empowerment.



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To further enhance Working Group, Sections, and Intersections to achieve long term WPA goals.

To advocate, facilitate, and support member societies in education, training, capacity enhancing, evaluation, at multiple levels, including medical, allied health professionals, and members of voluntary sectors. WPA plays a significant role in promoting psychiatry as a sought-after profession within the medical fraternity, which in turn may mitigate negative image of our profession.

4. If elected, how will you integrate child and adolescent psychiatry into your Presidential initiative?

Child Adolescent and Youth Mental Health was one of the six areas of the 2020-2023 WPA triennial action plan. While we have made significant strides, there are still important work to be done. Children and adolescents are our future, and it is critical to ensure that we are doing everything we can to enhance all available tools, from prevention to treatment, to assist and treat patients in this group. This is in recognition of the importance of this life stage. The impact of mental illness at this stage is not just confined to the individuals, but affects their families, community and society at large. It is important to acknowledge the impact of COVID and other the man-made crises, such as climate change, war and famine, are having a disproportionate impact on children and adolescent's mental health worldwide, much more so if they are from social disadvantaged, and vulnerable sections of our society. By acknowledging this, we have to focus on increasing the awareness of these issues, and in parallel increase implementation of effective intervention, promotion of mental health and wellbeing in this important age group. To do this, we have to involve all appropriate professionals (which need to be diverse, and to be inclusive) in all stages of development, implementation, and in evaluation.

5. World psychiatry is the number 1 ranked journal in Psychiatry. How can the success of "World Psychiatry" be expanded to other WPA "products and activities?"

World Psychiatry being the number one ranked journal means that the content produced, as well as the contributors are "world-class;" this implies that the "other products and activities" are ought to be of similar level. However, the question of access, availability and applicability need to be addressed for each of these "other items" to be equally successful, if not more. Technology is the key, adapting to everchanging needs and ensuring that "these products and activities" are to be easily accessible, affordable, and applicable to all communities in a culturally appropriate manner.



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Interview with Prof. Thomas G. Schulze, Presidential Candidate, WPA 2023



Prof. Thomas G. Schulze

1. Why have you decided to accept the nomination for the WPA Presidency?

I have had the privilege to experience WPA from various angles and vantage points since I first got in touch with it as a resident awarded a travel fellowship for Hamburg WCP in 1999 - since then I got involved in its Sections and ended up in the executive committee for the past six years. Twenty four years of witnessing what a global mental health society means to any mental health professional at his/her workplace and what it can do to meaningfully impact their professional lives. I have learned that leading WPA is a huge responsibility that can only be handled with utter dedication and determination to fulfill the agenda of the group – a group of more than 250,000 psychiatrists in over 140 member societies!

Further on, I think it is important to highlight that leading WPA comes with a load of expectations which may sometimes clash with the reality of a global organization, especially when we are faced with many challenges like what the current Executive Committee faced during the last triennium, i.e., the pandemic and the war in Ukraine. Yet, I believe that the current EC rose to the occasion and has shown how fast and decisively the organization can act and how far we could go despite many limitations and diminishing resources. I certainly would like to continue furthering WPA's role as the voice of mental health in the world and would be delighted to keep working with everyone to get the job done like I did when I had the opportunity to chair the Section on Genetics in Psychiatry as well as to serve as the Secretary for Scientific Sections for the past six years.



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2. What are the greatest challenges our field is facing?

That is a vast and intricate question when looking at all the subspecialties and sub-subspecialties that emerge everyday with the evolution of neuroscience, an ever-growing overlap with so many other fields, and the plethora of laws and legislations for mental health that differ from one country to the other. I think that WPA needs to help foster best practice guidance to psychiatrists around the globe as well as build on WPA's declaration of Madrid by working on securing human rights-based mental health for patients and their carers. On the same chord, we need to bolster primary care practitioners' mental health awareness as well, which is something that I was delighted to work on with President Afzal Javed and our distinguished Sections - by developing six online free courses of in collaboration with the American College of Cardiology in the current triennium.

That mentioned, I cannot miss the frontier on stigma which remains to be a great challenge for our profession where I think that WPA task forces to counteract stigma would benefit by taking a leap and endorsing empowerment of our partners in mental health rather than focusing on changing mindsets. In particular, given that psychiatry still lacks causal and personalized treatments which may add on to the resistance to change. I also hope that I can lead WPA to play a role in fostering promising therapeutic developments and highlight therapeutic advances, aspects which have a direct impact on lowering stigma towards mental health. I think that it helps a lot to be always open to innovative research, interventional psychiatry, creative therapies, interlacing religions, spirituality, and cultural intonations.

Now, without sufficient funding – many of those challenges are not likely to be adequately tackled and eventually handled and that remains to be our top priority – to secure the necessary funds and appropriately liaise with all stakeholders.

3. What is the WPA's role in overcoming them?

The WPA has a unique infrastructure to address these challenges being global by design, representing more than 250,000 psychiatrists speaking a multitude of languages, yet they all share one language, that is the language of mental health advocacy. WPA needs to keep establishing the necessary tools and infrastructures to arm every member psychiatrist, every mental health professional in every corner of the world to be the best advocate for their patients and their own profession. We need to use those tools to approach decision and policy makers at all



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possible opportunities through our member societies, regional and interregional alliances that include patients and their caretakers. Also, we need to engage and maintain a healthy relationship with entrepreneurs, foundations, and industry to guarantee that mental health and psychiatry is set on top of their priority list.

Every member of a member society is a voice of WPA and an influential arm to face our community's challenge, securing funds being at the top of the list. And for this we have the exemplary work of the Sections, through the help of which WPA has been able to obtain close to 300,000 € in funding from the European Union – a success that is a unique testament that WPA can truly accomplish its agenda and win over its challenges.

4. If elected, how will you integrate child and adolescent psychiatry into your presidential initiatives?

All specialties and sub-specialties of psychiatry are important and every Section bears its weight in addressing the designated population – that said, I appreciate your caring about the support you are getting to endorse your Section's activities. Mental health across the lifespan has always been an important element of my research, focusing on longitudinal observations and the assessment of the impact of early life adversities on course and outcome. Yet, as we all know, in real world scenarios, i.e., insurance systems, hospital settings, education etc., general psychiatry and child and adolescent psychiatry (CAP) are far too often separated, rather co-existing than collaborating. Moreover, CAP services are quite heterogeneously developed across the world, from hardly existing, to being an add-on to general psychiatry, or a fully developed specialty. As President, I will focus on mental health parity, human rights-based mental health, and community-oriented psychiatry. None of these focus areas would be complete without substantial CAP elements. Building on the successful work of the Section on Child and Adolescent Psychiatry, I will make sure that any action plan activities will include measures aimed at improving mental health care of children and adolescents. WPA recommendations will be vetted by our global CAP experts for relevant content. I will make sure that CAP issues are integral elements of WPA congresses, in particular intersectional events, encouraging urgently needed crosstalk between the adult and CAP experts. In WPA's triological events, bringing together experts, patients, and their caregivers, we will raise awareness about childhood and adolescence onset disorders, early warning signs, or the importance of early adversity for psychiatric disorders later in life. Most importantly, we need to make sure that CAP will become an integral part



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of psychiatry in every corner of the world. To this end, we will offer advice and practical help to our member societies in their interactions with the key players in their respective countries.

5. “World Psychiatry” is the number 1 ranked journal in Psychiatry. How can the success of “World Psychiatry” be expanded to other WPA “products” and activities?

The success of World Psychiatry is a testament to meticulous planning, creative ideas, and strategic thinking on part of the editorial leadership, serving a long-term goal. We need to endorse such an approach in all activities and bodies of WPA. To this end, to implement WPA's triennial action plan -which is actually meant to be a call to action to all WPA bodies- we need to connect all these bodies via an efficient online system along which ideas can freely flow, and actions may adequately be taken. This will facilitate the work of all WPA representatives to liaise with relevant stakeholders to implement the agreed-upon published agenda and easily communicate all updates to the WPA community. An efficient leader is important, but to make WPA the number one brand in mental health you need to ensure an equally efficient updated system to help the group achieve the organization's goals.



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Inequalities in Child Mental Health Publications and Research



Anusha Lachman, Child and Adolescent Psychiatrist and President Elect, South African Society of Psychiatrists

Northern Ventriloquism

A more perfect description I have yet to stumble across that so succinctly captures our academic dissent and frustration. In a 2021 essay published in the *Lancet Global Health*, Naidu, a fellow South African researcher defiantly called out “the scholarly response from LMICs (Low- or Middle-Income Countries) – to enunciate ideas from HICs (High-Income Countries) back into HICs for traction in research and to access globally competitive grants and publication opportunities in high impact journals,” referring to this stance as a “northern ventriloquism” (Naidu, 2021).

How fascinating. Have we not all at some stage in our academic journeys been guilty of tilting towards the position of the Colonial masters? The HIC scholarships in predominantly WEIRD (Western, Educated, Industrialized, Rich and Democratic), Majority Countries, who dictate the priorities and relevance of medical science, have perpetuated the idea that the Western/Northern ideal of academic credibility is the gold standard towards which all scholars aim (Henrich, J., Heine, S. J., & Norenzayan, 2010).

Do we not (regrettably) judge our personal international standing relative to our peers by our linguistic privilege or command of the English Language?



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I grew up in Apartheid South Africa. A spirit of defiance and non-compliance and a sense of social justice permeated my education, my opportunities, and my career in medicine. As one of only 32 child and adolescent psychiatrists in a country serving a population of 20 million children under the age of 18, the scarcity of our skills, the inequitable access to our services, and the stark reality of poverty, inadequate healthcare and a history colored by racial injustice forms part of my daily reality of clinical and academic work.

The challenge in the practice of Child Psychiatry in South Africa goes beyond limitations in human and material resources. While we aim to provide care that aligns to evidence based best practice in psychiatry – we are forced to critically question the very “evidence” of these practices. Who decided what was contextually relevant and in what setting? Are all children essentially the same? Do all families respond to and support children in the same way? What is a nuclear family, anyway, in a community or culture that collectively rears children, as opposed to in a community or culture that considers the “norm” to be a mother/child dyad? Does diversity not matter? What tools do we use to assess and respond to mental health challenges? Where were these tools developed, and how culturally relevant are they, really, in a limited resource and ethnically diverse setting?

The good scientist and academic would say: the best way to prove or disprove the norm is to investigate, research and replicate. Fair enough. And there unfolds the next layer of the scholarly onion. Most Euro-American-centric tools have not been locally validated. Most gold standard treatment algorithms and guidelines originate from settings of predominantly white, privileged and homogenous samples of children. Nielsen and colleagues thoughtfully commented that, despite calls for change and supposed widespread awareness of this problem, in developmental psychology publications, there continues to be a dependence on convenience sampling from WEIRD settings (Nielsen et al., 2017). This dependence runs the risk of us once again assuming that certain traits, childhood developmental trajectories, racist beliefs about poorer brain development in children from the Global South, and child outcomes are “universal,” not only impacting our treatment interventions but also perpetuating the bias in the training, research and education we support on the African continent (Lachman et al., 2021; Scheidecker et al., 2023).

There is ongoing academic discussion and an acute awareness around inherent HIC publication biases, lack of diversity and representation in editorial boards and reviewers and the unfair playing field of publication in child



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development research (Draper Catherine et al, 2022). In 2003, researchers in South Africa reported that a mere 5% of all infant mental health research from major journals originated from parts of the world other than Europe, America or Australasia (Tomlinson, M., & Swartz, 2003). A decade later, a similar review of articles on infancy was undertaken to determine progress on diversifying where research is done. Results indicated that, despite this awareness of gross imbalance, only 2.3% of articles published in 11 years included data from LMICS, where 90% of the world's infants live!

It remains and should remain a public health alarm, if not outrage, that the imbalance in publications and knowledge of child mental health continues to be based on research on infants of educated, rich and white parents who live in WEIRD countries. When will we be afforded the opportunity to publish locally relevant, clinically critical work from LMICS without the all too familiar desk rejection letters that say “important work but not suited to the global audience or readership”(Tomlinson & Morgan, 2015)?

It is our hope, as African psychiatrists, clinician researchers and an ever growing contingent of “global mental health” academics, that we are also offered an equal opportunity for our work to be read, published, criticized and engaged in dialogue on the global stage. To do this without us needing to adopt a “northern ventriloquism” to be accepted.

If not, how else do we do right by and support the call for equal opportunity for the legacy of Nelson Mandela's generation of Born Free Children?

References available on request.



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Setting up the First Child & Adolescent Psychiatry Fellowship Training Program in UAE



Dr. Hanan Derby (UAE)

In the past 30 years, the UAE has undergone major demographic changes due to an economic boom and influx of immigrants. According to census estimates, the majority of the population are non-local residents, representing around 200 nationalities. The UAE includes a small local Emirati population, estimated to be 11.5% of total population in 2010 (1).

It is recognised that the rapid development and immigration might bring about conflicts within the growing population. These entail changing values and beliefs, psychological stressors, and rupture of societal cohesion - all of which may contribute to increasing mental health problems (2). Additionally, for many immigrant communities, the changes that come with relocation such as disconnection from previous friends and family may impact on child and parent mental health.

This impact is particularly significant when around 27% of the population are below the age of 24 years, especially given that many mental disorders have their onset during youth (3). A study by Eapen and colleagues estimated that the prevalence of psychiatric disorders among children in the UAE was around 10%, with mood disorders, anxiety disorders, and oppositional defiant disorders being most common (4). As such, the UAE National Agenda has emphasized priorities to be made for mental and behavioural disorders (5).

However, the number of psychiatrists working in the UAE was estimated to be 0.3 per 100,000 persons (6). A child and adolescent psychiatric consortium reported that “the current underdeveloped status of Child &



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Adolescent Mental Health Services (CAMHS) in the Middle East region is a result of the lack of specialized postgraduate training programs, inadequate numbers of qualified professionals to administer necessary mental health services, and the absence of national policy support" (7).

The increasing demand for CAMHS and the shortage of qualified child and adolescent psychiatrists in the UAE led to the establishment of an accredited Child & Adolescent Psychiatry (CAP) fellowship. The Mental Health Centre of Excellence at the Al Jalila Children's Hospital was instrumental in establishing the first CAP fellowship training program in the UAE, collaborating with the Mohamed Bin Rashid University of Medicine and Health Sciences. The program was accredited by the Saudi Commission for Healthcare Specialties in October 2018.

The two-year program curriculum is comprehensive and competency-based, with training that offers both mandatory and optional clinical components. The first year includes foundational training, focusing on building up knowledge and skills in psychiatric disorders. Trainees are exposed to cases of various psychiatric disorders during their work in the ambulatory outpatient and paediatric consultation liaison services. They are also offered rotations in paediatric clinics that are relevant to CAP, including developmental paediatrics, paediatric neurology, and adolescent medicine.

In the second year, trainees gain advanced experience in the specialized areas of CAP by attending the inpatient unit and various selective specialized clinics. There is an embedded additional clinical component focusing on enhancing psychotherapy skills, teaching, and research and quality projects. A range of scholarly activities are integrated in the program and include weekly didactic sessions, case presentations, and journal clubs. Fellows are required to volunteer in various activities to improve awareness on mental health needs in schools and local communities.

CAP fellows are continuously evaluated during their rotations through annual formative and summative evaluation forms. They are expected to pass a written examination at the end of the first year, and final written and clinical examinations at the end of the program. A certificate acknowledging training completion will only be issued to the fellow upon the successful fulfilment of all the program requirements. Fellows passing all components of the final subspecialty examination are awarded the "Saudi Fellowship of Child and Adolescent Psychiatry" certificate (8). With the program welcoming its 5th cohort of trainees in 2023, its prestige and success



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cannot be understated. It has yielded a class of competent child and adolescent psychiatrists ready to serve young people and their families in the community.



The UAE CAP Fellow Graduation in 2022.

References available on request



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Child and adolescent psychiatry in North Macedonia: current situation and perspectives



Prof. Marija Raleva (North Macedonia)

Background

North Macedonia is a small landlocked country in the central-southern part of the Balkan Peninsula. It gained its independence after dissolution of the Yugoslav Federation in 1991. The country's population is decreasing, but in the last 10 years, this trend has rapidly accelerated. From a population of 2 million people in 2002, now there are 1 837 114 people living in the country. Overall, there are 415 382 children 0-18 years (according to the last census in 2021), which constitutes almost 25% of the country's population.

North Macedonia is among the poorest countries in Europe. Many children live in poverty and are exposed to adverse childhood experiences, a risk factor for a host of physical and mental health problems later in life. Such a high-risk context for poor child and adolescent well-being was further magnified by the corona virus pandemic and the war in Ukraine. These factors, over the last three years, have created new pressures, as poverty and stress increased while access to social support and services for families decreased.

Mental health indicators in children and adolescents in the country

Life satisfaction is continuously negatively evaluated among children in North Macedonia. These data rank adolescents in the country at the bottom among 42 European countries, where, on the other hand, life satisfaction is overall continuously growing (1).



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The Balkan Epidemiological Study on Child Abuse and Neglect in the 9 Balkan has shown that 64% of children in North Macedonia were exposed to psychological violence, 51% to physical violence, 7.6% to sexual violence, 27% to neglect and 83,8% to positive parenting practices (2).

Since the COVID-19 pandemic has been declared a global public health emergency, children and youth in the country have experienced dramatic disruptions in their daily lives. Uncertainty and concern for the health and well-being of family and loved ones, and loss of close family members due to death from COVID-19, are likely to be associated with an increase in general anxiety and depression among young people.

A recent UNICEF study has shown that, in addition to the direct effect of the pandemic and other social factors that the pandemic deepened, there are other contributors to the deterioration of mental health, such as: poverty, increasing the frequency of family violence and violence against children, peer violence and violence on the Internet. The same study shows that almost 73% of children in North Macedonia aged 1-14 were exposed to some type of abuse, and 7% of children experienced severe forms of violence (3).

In the national representative study on child and adolescent mental health in the country, after the COVID-19 pandemic 30% of adolescents had moderate to severe symptoms of depression, 42% had moderate to severe symptoms of anxiety, and a quarter of adolescents reported having suicidal and self-harming thoughts (25.5%) (4).

Mental health services in North Macedonia

Despite the widespread recognition of the importance of mental health promotion and prevention in children and adolescents, there is an enormous gap between needs and resource availability.

Only a small portion of the total health budget is dedicated to mental health, and the majority of funding still goes toward inpatient mental health care. The mental health system is centralized, with most of the staff and services concentrated in the hospitals in the capital city, Skopje.

Only 45% of children who need mental health services have access to them. Pharmacological treatment is common but psychosocial support is becoming more and more accepted. Many pharmacological agents, such as



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psychostimulants and newly registered antipsychotics, are not available or have to be paid for by patients and families themselves.

The failure of government to support services has led to a disproportionate reliance on out-of-pocket expenditures to support child and adolescent mental health. The privatization of mental health services with poorly developed and inadequate funding has further compounded the difficulty of development of systems of care. The demanded co-payments have hampered access to care, and the movement of the most experienced clinicians to the private sector has drained valuable resources from the public sector.

The Department of Child and Adolescent Psychiatry at the University Clinic of Psychiatry, Medical Faculty (Ss. Cyril and Methodius University, Skopje) is the unique tertiary health care provider in the Republic of North Macedonia. It was founded in 1983 by Professor Stojan Aleksievski, who was the first trained child and adolescent psychiatrist in the country and head of the Department. It has an inpatient section, with 15 beds, an out-patient clinic, a Day-care hospital and a Cabinet for Neurodevelopmental Disorders. The outpatient department provides services to around 300 children per month, the day care hospital provides services to 15-20 children, and the Cabinet provides services to approximately 25 children.

It is the central educational and training institution in the field of child and adolescent psychiatry. There are 4 child and adolescent psychiatrists currently working at the department – one professor, one associate professor in the field, 2 other specialists, and 2 trainees in Child and Adolescent Psychiatry. Besides medical doctors, at the department, there is a multidisciplinary team consisting of: 2 clinical psychologists, 1 special educator, 1 mental health social worker and 4 nurses. The department is closely collaborating with the University Clinic of Pediatrics and also with the Institute for rehabilitation of hearing, speech and voice for children with neurodevelopmental disorders.

On the secondary level, the Institute for Mental Health of Children and Adolescents, situated in Skopje, the capital, is providing mental health care to children and adolescents as the out-patient department. Its role is early diagnosis and treatment of mental health problems in children and adolescents. There are 3 child and adolescent psychiatrists, 1 clinical child psychologist, 3 psychologists, 5 special educators, 4 speech therapists and 3 social



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workers, working in the Institute. The Institute is closely collaborating with kindergartens, primary schools and Centers for Social Work.

Throughout the country, there is one Center for Mental Health of Children and Adolescents in Bitola, in the South-West in the country, consisting of a multidisciplinary team: a child and adolescent psychiatrist, 2 clinical psychologists, a special educator, a speech therapist and a social worker, also working as an out-patient unit. In 4 major towns in the country, there are counselling services for developmental problems in children, operating through local health centers, which also have multidisciplinary teams consisting of: a psychologist, a special educator and a speech therapist in close relation to the family doctors and pediatricians in primary health care.

Prevention of mental health problems

In recognition of the growing public health issue of mental health problems as well as developmental and intellectual disorders in children and adolescents interventions to optimize child and adolescent development and mental health functioning have been implemented. Universal and targeted interventions in early childhood, such as early stimulation interventions and interventions to improve carer sensitivity and responsiveness, have shown positive results.

Interventions for behavioural disorders, including universal school-based preventive interventions for children aged 3–9 years involving parents, are in place. A great effort is being made to integrate a behavioural parent training intervention into health services for 2–9-year-old children (6) and 10-14-year-old children. These interventions have shown improved child behavioral problems and reduced child abuse (7).

The new model of functional assessment of children with disabilities, based on the International Classification of Functioning and Health, is implemented on a national level. All children with disabilities 5-6 years are being assessed by the multidisciplinary commission, and recommendations for further inclusion of children in regular schools are being provided.

Furthermore, during the 2022-2023, with the support of UNICEF, a model of early childhood intervention (ECI) is being developed and implemented for children 0 to 6 years of age with a detected disability or developmental



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delay, low birth weight or chronic illness. The process of establishing a system of ECI services for children is in place, based on an intersectorial, transdisciplinary and family-oriented approach.

Training in Child and Adolescent Psychiatry

Training in child and adolescent psychiatry involves postgraduate training of medical doctors and lasts for 5 years. The training (specialization) in the field is organized by the Ministry of Health, Medical Faculty at Ss. Cyril and Methodius University, Skopje and University Clinic of Psychiatry – Skopje, and was established in 2015. The program was developed in line with the European Union of Medical Specialists – Child and Adolescent Psychiatry (UEMS-CAP) criteria. Up to now, there are already 4 child and adolescent psychiatrists trained by this program, and 3 trainees currently in the program. During the first 2 years, the training program for child and adolescent psychiatry and for general psychiatry is the same, but the additional 3 years of training are more specialized in their respective fields.

There is also a sub-specialization in child and adolescent psychiatry, which lasts for 2 years and provides general psychiatrists with further education in child and adolescent psychiatry. In the whole country, there are 14 child and adolescent psychiatrists, who were trained as general psychiatrists and later were trained for 2 years in child and adolescent psychiatry through this program.

Macedonian Association for Child and Adolescent Psychiatry

The Macedonian Association for Child and Adolescent Psychiatry was founded on 21.02.2022 as a branch of the Macedonian Medical Association. During the last two decades, a subsection for Child and Adolescent Psychiatry has been active in the field within the Macedonian Psychiatric Association. Recognizing the importance of the establishment of an association for child and adolescent psychiatry and allied professions and its vital professional role in the development of the field in the Republic of North Macedonia, it was decided to establish the organization as a separate entity.

The Macedonian Association for Child and Adolescent Psychiatry is a unique professional organization of child and adolescent psychiatrists and allied professionals (psychiatrists, clinical psychologists, psychologists, special educators, mental health social workers, pediatricians, etc.) It is an interdisciplinary society under the umbrella



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of the Macedonian Medical Association with specific activities dedicated to promote theory, practice, education and research in the field of child and adolescent psychiatry and allied disciplines.

Perspectives

Mental health promotion and prevention of mental health disorders in children and adolescents is a huge challenge, especially in our environment with limited resources. We are faced with insufficiently clear indicators of the mental health status of this population (and even those we have are not used for more comprehensive planning of programs), few national universal and indicated preventive programs, a small number of professionals and insufficient services for treatment and rehabilitation of the mental health of children and young people. But still, sufficient evidence exists to justify the set-up of services in the country.

In spite of the fact that the development of services is hampered by lack of government policy, inadequate funding, and a dearth of trained clinicians, there is growing recognition of mental health problems in children and adolescents and political will to find solutions to bridge the gap between needs and resource availability.

We are all aware that support of child and adolescent mental health research is needed, including prevalence and longitudinal studies, high-quality clinical trials, and cost-effectiveness analyses.

Early intervention and prevention programs and development of services, and support of the existing ones offer the hope to avoid later adult mental health problems and improve personal wellbeing and productivity.

References available on request



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The 11th Congress of The Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)



Dr. Takashi Okada, Congress Chair (Japan) interview with Dr. Tomoya Hirota (USA/Japan), deputy editor, "World Child and Adolescent Psychiatry"

Q1. Due to the COVID-19 pandemic, the originally scheduled ASCAPAP conference was postponed and will finally be held in 2023. Please tell us about any innovations, difficulties, or accomplishments in holding the conference in person this time.

There was a time when we contemplated organizing a virtual congress in 2019. However, we wanted to emphasize that the primary purpose for our members would be to meet and engage in meaningful communication, leading us to postpone ASCAPAP from 2021 to 2023. We were fortunate that the ASCAPAP Executive Committee (EC) members agreed with this idea.

Recently, the international congress has become more spectacular, and its registration fee has been subsequently rising higher. As a result, the registration fee generally depends on each country's economic situation (for example, higher registration fee for delegates from high income countries and lower registration fee for those from low- and middle-income countries). However, participants in high-income countries may still feel the registration fee to be a burden. ASCAPAP should be accessible to all people who are interested in child mental health. We tried to operate in a practical manner and set a low entry fee (around 250 USD). The registration fee for the ASCAPAP 2023 meeting included the fee for attending the welcome reception and social gathering and



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all lunches in addition to all scientific sessions. We believe that this reasonable registration fee could allow us to welcome more professionals to the ASCAPAP2023.

COVID-19 has been swiftly disseminated across the world, leading to changes in travel regulations and making it difficult to fathom gathering with our esteemed colleagues. Thus, it was tremendously difficult to estimate the number of participants. We assumed that participants could not easily decide whether they could attend the congress. We set the deadline for symposium proposals and poster proposals 4 months and 3 months before the congress, respectively. Although it was a challenge for us, the late deadline for the proposal submissions allowed many professionals to participate in the congress. We had anticipated the number of attendees for the congress below 500; however, our estimation was wrong.

572 professionals from 18 countries or regions participated in the congress. The congress included the ASCAPAP Country and Region Report, 4 special lectures, 12 plenary lectures, 38 symposiums, 3 sponsored seminars, one workshop, one media theatre, and 150 poster presentations. Additionally, we organized two social installations, an exhibition of art, and a calm-down space. In the opening ceremony, welcome reception, and conference party, attendees were amazed by Japanese traditional performances.

The ASCAPAP 2023 congress truly demonstrated our collective will to gather, overcome challenges, and work towards the betterment of child and adolescent mental health after the COVID-19 pandemic.

Q2. The impact of the COVID-19 pandemic on the mental health problems of Asian children was discussed extensively throughout the conference. As the chair of the conference, please comment on this topic, especially in terms of the diseases, symptoms, and problems discussed, as well as the common problems and differences seen in each country and cultural perspectives.

The impact of COVID-19 has affected people worldwide, irrespective of social status, wealth, race, or psychosocial situations. However, it should be noted that its repercussions have been particularly pronounced among socially vulnerable children. In Japan, the number of children who are unable to attend school is increasing, as is the incidence of adolescent suicides. The severity of child abuse and bullying has escalated, while children with neurodevelopmental disorders are faced with heightened externalizing behaviors, placing additional burdens



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on their families. Economic disparities have left many children in impoverished circumstances, and some are even forced into caretaker roles for their families.

Although we will eventually overcome the challenges posed by COVID-19, we must confront another pressing issue. Undoubtedly, we cannot tolerate any wars. While we commend the courageous leaders who resist larger nations, we must also scrutinize the reality. Countless weapons from around the world have been consumed, destroying lives in their wake. Many children have lost their families, and some have tragically lost their own lives. When the need for heroes arises, we must exercise caution and wisdom. In times requiring collaboration between countries or the isolation of specific nations, we must work together. Today, as we gather, nationalities and borders hold no significance. We are united as collaborators residing on this Earth.



The ASCAPAP 2023 in Kyoto, Japan

In the ASCAPAP 2023 logo, we placed a crane. Japanese children can fold a square paper (“origami”) to make a crane. Sometimes, we make a thousand cranes, as they hold a special meaning for us. We send these thousand cranes to sick children, symbolizing our hope for their early recovery.



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A thousand cranes can also be dedicated to praying for peace. Notably, the G7 summit was held in Hiroshima, a city where an atomic bomb was dropped in 1945. Many children lost their homes and families as a result. After the war, an orphan facility was established in Hiroshima, which continues to exist today.

What kind of future do we envision for children? We must share wisdom to create a better future and learn from our history and our esteemed predecessors. We are deeply saddened by the news of Prof. Kosuke Yamazaki's passing. He served as the Secretary General of the 1st ASCAPAP and understood the significance of cooperation among Asian professionals. I firmly believe that ASCAPAP 2023 presents a valuable opportunity.

Q3. What are the future issues related to children's mental health in Asia (in terms of clinical care, services, education, research, and advocacy) as seen from ASCAPAP 2023, and what are your plans for these issues?

The countries and regions that comprise ASCAPAP are experiencing rapid economic development and have developed close ties not only within Asia but also with other countries around the world. I believe that the quality of care at advanced research institutions has reached a high level in many countries, but in terms of access to such care, proximity is still low in many countries. In addition, it is necessary to establish a system in which anyone can receive high-quality child and adolescent mental health care through the development of human resources and medical systems. Child and adolescent psychiatry is important for all groups of children, but especially the more vulnerable children who are impacted by the serious problems that society encompasses. However, there are limits to the services they can access, and the collaboration with medicine, welfare, and education that goes beyond medicine in the narrow sense of the word is important but has not yet been fully developed. We need to discuss the solutions to these challenges that are pervasive in Asian countries to further enhance our field in both clinical practice and research.



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WPA Regional Congress: Innovations in the Practice of Psychiatry in the XXI Century



**Prof. Norbert
Skokauskas**



**Prof. Michel
Botbol (France)**

The Armenian Psychiatric Association, in collaboration with the Armenian Medical Association and the National Institute of Health, organized the WPA Regional Congress titled, "Innovations in the Practice of Psychiatry in the XXI Century." The congress was held in Yerevan from June 8-10, 2023. After a ten-year pause, the Armenian Psychiatric Association was proud to host this important event. The congress featured an extensive scientific program, including 12 plenary lectures and 12 symposiums. 302 participants from 31 countries attended the congress.

The congress aimed to address the crucial role of mental health within public health, an area often underestimated and lacking attention from policymakers and public health leaders. Recognizing the significant impact of mental health conditions on individuals and society, particularly in regions affected by conflict, the event sought to raise awareness and provide innovative approaches to improve mental healthcare.

The WPA Regional Congress focused on sharing modern approaches and techniques in psychiatry, including psychotherapies, pharmacology, digital technologies, and social therapies. The congress also aimed to promote community-based mental health services, ensuring equitable opportunities for the highest quality of life for all individuals.



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The WPA Regional Congress in Yerevan 2023: after a busy day

The WPA Child and Adolescent Psychiatry Section-organized Symposium on Attention Deficit Hyperactivity Disorder (ADHD): How to Implement Evidence-Based Practices in Armenia:

The symposium was chaired by Prof. Michel Botbol (France) and Prof. Maruke Yeghiyan (Armenia)

The symposium on ADHD aimed to provide valuable insights and practical knowledge on evidence-based practices for ADHD management. The session included the following presentations:

Prof. Maruke Yeghiyan (Armenia): "Myths and Misconceptions of ADHD: Separating Fact from Fiction"



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Prof. Yeghiyan shared his expertise on ADHD and focused on dispelling common myths and misconceptions surrounding the disorder. By separating fact from fiction, his presentation aimed to improve understanding and awareness of ADHD in Armenia.

Prof. Michel Botbol (France): "Attention Deficit Hyperactivity Disorder: Differential Diagnosis and Comorbidities" Prof. Botbol presented on the topic of differential diagnosis and comorbidities associated with ADHD. His insights provided valuable guidance on accurately diagnosing ADHD and addressing co-occurring conditions and contributed to effective treatment planning.

Prof. Norbert Skokauskas (Norway): "Clinical Decision Support Systems for ADHD" Prof. Skokauskas discussed the use of clinical decision support systems in the context of ADHD. This presentation highlighted the potential of technology-driven solutions to aid clinicians in making informed decisions regarding ADHD diagnosis and treatment.

Dr. Ahsan Nazeer (Qatar) presented on the topic of management and innovations in the treatment of ADHD. His presentation explored cutting-edge approaches and advancements in the field and focused on innovative strategies for effectively managing and treating ADHD. This session provided insights into the latest developments on ADHD and was added by a very active group of participants from Armenia and the rest of the world.



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Equal Partnership - Fostering Transnational Collaboration for Mental Health



Thi Kim Ngan Vo (Norway)

Equal Partnership

Equal Partnership is a global mental health collaboration led by partners, including the Norwegian University of Science and Technology (NTNU) in Trondheim, Norway and Columbia University in New York, USA. This initiative aims to address mental health inequity, stigma, social justice, and racism.

The Equal network includes other institutions, such as Yale University and the University of Hawai'i in the United States, the University of Toronto in Canada, and the University of Tokyo and the University of Nagoya in Japan. Seoul National University has recently joined as a partner. The Equal Partnership focuses on the complexity of mental health challenges and incorporates diverse insights and experiences to understand the nuances of these challenges, which can be influenced by cultural disparities and systematic inequalities.

Operational Framework

The operational framework of the Equal Partnership involves regular dialogues and progress tracking, facilitated by monthly online meetings. These meetings facilitate discussions among professors and students, promoting idea exchanges and diverse viewpoints. In February 2023, the Equal Partnership held its annual Mental Health event in Trondheim, Norway. This initiative has not only sparked interest but also fueled academic collaboration among NTNU students and others.



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Evidence of Impact and Our Ongoing Research

The Equal Partnership has had an impact on the academic circles at NTNU and its international partners, as evidenced by completed projects and ongoing research. Partners have collaboratively developed Equal course materials, including interactive lectures delivered by NTNU and Columbia University on mental health inequalities, and a workshop developed by the University of Toronto on the effect of racism on mental health. Several partners have developed case studies focusing on mental health and social justice for Indigenous people, with each centered on a local Indigenous community. Yale University has created Problem-Based Learning (PBL) sessions on Stigma in Mental Health and Immigrant Mental Health, and NTNU and the University of Hawai'i have joined in this initiative.

One joint study by the Equal Partnership fellow from NTNU and Columbia University investigated the correlation between intolerance of uncertainty and depression during the COVID-19 pandemic. This study utilized data from three cohort studies within the New York City metropolitan area and originally focused on children and adults exposed to traumatic events during the Coronavirus breakout in New York.

The Equal Partnership is currently conducting a scoping review titled "Racialized Families' Experiences in Family-Based Interventions," summarizing the experiences of racialized families in family-based mental health interventions and identifying gaps in our existing knowledge.

Additionally, there are three ongoing research projects conducted by first-year students in partnership with Columbia University. These studies examine varied facets of mental health during the COVID-19 pandemic. These facets include the association between safety measures, emergency preparedness and mental health outcomes in New York City.

The Equal Partnership is an ongoing collaboration that brings together partners and projects to address the complex issues in mental health. Within the framework of the Panorama Strategy, our efforts aim to promote the quality of higher education in Norway and support the Norwegian academic communities. By collaborating with research-based knowledge and incorporating diverse perspectives, we seek to address mental health inequities, stigma, social injustices, and racism.

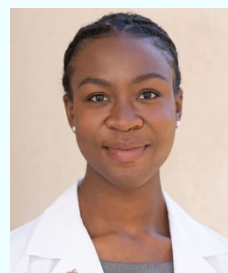


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Climate Change and Child and Adolescent Mental Health: Global Perspectives and Call for Action



Dr. Ahsan Nazeer (Qatar) Dr. Deepika Shaligram (USA) Dr. Finza Latif (Qatar) Dr. Amber Acquaye (USA) Dr. Afraz Zaman (Australia)

Introduction

Climate change is a long-term deviation in weather patterns and a significant hazard to the health of the most vulnerable populations. In the last 650,000 years, scientists have documented seven cycles of climate change. The modern climate era, which began with the end of the ice age, resulted in increased human activity on the planet. By the mid-nineteenth century, climate trends pointed to an unprecedented increase in global warming. The rise of urbanization, industrialization, and global trade in the 20th century increased atmospheric CO₂ levels, leading to significant global temperature increases.

The climate is hotter than it has ever been in thousands of years. In general, fossil fuel usage, cement and steel industries, car emissions, cutting down trees for human use, and even food production all release gases that trap the sun's heat in the Earth's atmosphere. With rising surface and oceanic temperatures, the disintegration of glaciers caused an increase in sea levels and acidification of the oceans. These rising temperatures have also increased the intensity and frequency of precipitation, coastal flooding, droughts, hurricanes, and wildfires, wreaking devastation on vulnerable communities.



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Relationship between Climate Change and Human Health

Climate change and mental health are complex issues, and attempts to study this relationship are relatively recent. Climate change can impact mental well-being through numerous pathways. Some are obvious; natural disasters lead to homelessness, psychosocial disruption, and acute stress reactions. Living in high temperatures is linked to reduced cognitive functioning, depression, and aggressive behavior. While in other regards, the relationship may be less noticeable. For example, 'eco-anxiety' is a term used to describe a person's worries about climate change's negative current and future impact on their life. 'Eco-guilt' arises when individuals realize their contribution to climate change, and 'eco-grief' is the sense of loss that occurs from experiencing or learning about the environmental destruction of climate change. Watching others suffer through disasters can lead to anxiety, sadness, and a sense of powerlessness in the observers, and some argue that skepticism about climate change (climate denial) is a defense against that guilt or anxiety.

Heat Waves: Perspectives from the Middle East

The Middle East is home to about 411 million people across different socioeconomic strata. In general, countries of the Middle East have a hot and arid atmosphere, which in most cases causes a profound impact on its inhabitants. The shrinking water supply, limited availability and quality of food, urbanization, conflicts, and massive population displacement across borders are increasingly becoming a problem in the Middle East. There is negligible research on the effects of climate change on the child and adolescent population in these areas. Still, studies have pointed out numerous health sequelae, including electrolyte imbalances, heat stroke, respiratory and gastrointestinal issues, and increased morbidity and mortality due to extreme heat exposures. Heatwaves also lead to increased mental health problems, including sleep disturbances and aggressive behaviors, which are especially common in intellectually disabled children, and in extreme cases, heatwaves can lead to assault and suicide.

Flash Floods, Melting Glaciers and Torrential Rains: Perspectives from Pakistan

In 2022 Pakistan experienced a series of climate change-related events, the worst national disaster in its history. According to the Pakistan Meteorological Department, rainfall in July 2022 was disproportionately above average in Balochistan (+450 percent) and Sindh (+307 percent), the highest ever in the past 62 years. With 1/3 of the country submerged under water, citizens in 90 districts hit by the calamity were left homeless. Over 1.7 million



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houses were destroyed by torrential rains and the flooding of the Indus River. More than 1.6 million women of reproductive age were affected. An estimated 128,000 people aged 15 to 50 years, were pregnant, and 42,000 births were expected in the next three months.

This heatwave was also the predictive indicator of a heavier-than-normal monsoon forecast due to the vast volume of water evaporation. The heatwave amplified the melting of the glaciers. Pakistan has more than 7000 glaciers, one of the highest numbers in the world. Many of the glaciers are in the Himalayan region. GLOFs (Glacial Lake Outburst Floods) release millions of cubic meters of water and debris, leading to loss of life, property, and livelihoods. Over 7.1 million people in Gilgit-Baltistan and Khyber Pakhtunkhwa (KP) provinces were estimated to be vulnerable to the GLOFs and subsequent flooding, with 26.7% and 22% of the population living below the poverty line.

The GLOFs, combined with multiple tracks of monsoon depression, affected almost 33 million people and led to 15 million displaced people and 1739 deaths, most of them likely from marginalized groups. The destruction of over 2000 health facilities left 8.2 million people in flood-affected areas without urgent health care services. The accumulated water triggered an outbreak of various illnesses. Flood victims faced a dire health emergency due to the high temperatures, general lack of hygiene, rotting corpses of dead livestock, and waterlogged vegetation. Stagnant water became a breeding ground for mosquitoes, which transmitted both malaria and dengue. Waterborne diseases posed a significant threat to health, when the stagnant water, filled with contaminants such as human and animal excreta, mixed with the damaged water supply.

The people of Pakistan, who contribute only 0.5 percent of the global share of CO₂ emissions, and those living in mud houses in Sindh and Balochistan provinces, with virtually no emissions, suffered the most due to this climate catastrophe.

Racial Disparities and Climate Change: Perspectives from the United States

Beyond facing disproportionate risk to climate change-induced threats to mental health, marginalized families experience social inequality and are forced to enter the climate crisis with a preexisting resilience deficit. This resilience deficit is compounded by mistrust of public agencies and structural support, which, in turn, causes limited access to medications and decreases risk perception. Black, Latino, Indigenous, and low-income



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communities are disproportionately exposed to climate hazards such as extreme heat and wildfire-induced poor air quality. Understanding trauma as an inability to cope with a stressor, these social disparities can determine whether a stressor leads to trauma and pathology. The literature consistently finds higher rates of depression and PTSD among Black and Latino populations following extreme weather events such as Hurricanes Katrina and Sandy.

Environmental racism is defined as “any policy, practice or directive that differentially affects or disadvantages (whether intended or unintended) individuals, groups or communities based on race.” Discriminatory housing policies of the mid-20th century caused decreased access of children of color to greenspace, a positive protective factor for mental health and well-being, and made them more likely to live in communities experiencing higher surface temperatures and poorer air quality. Overall, there is a dearth of evidence exploring the relationship between climate change and racial disparities in child and adolescent mental health. This dearth has grave implications for climate adaptation and equity. With existing inequalities in access to mental health care among minority populations and the co-occurring crisis of a global lack of child and adolescent mental health providers, great care must be taken to preserve the right of all children to live, learn, and play.

Recommendations for Climate Action: Perspectives of Child and Adolescent Psychiatrists

As child and adolescent psychiatrists, we must empower children to manage their psychological and behavioral responses of fear, anger, and grief in response to climate change. In this context, some of the recommendations are:

1. To utilize the grief framework to help children accept their sense of loss due to climate change and to encourage them to engage in environmental activism.
2. To increase awareness and engagement in climate action by providing parent education through resources like AACAP's Facts for Families. Research has shown that children with open communication channels with parents suffer less climate distress.
3. To encourage educators to incorporate climate awareness in the curriculum and support efforts to address climate change.



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4. To promote caregivers' engagement with climate action organizations, e.g., Mothers Out Front (in the US), or with groups within a faith-based community.
5. To consider, among national and global professional psychiatric organizations, the following:
 - a) Creating taskforces to address mental health issues related to climate change.
 - b) Advocating for policies that promote climate accountability (including for healthcare systems that currently account for 10% of carbon emissions in the Global North).
 - c) Introducing climate mental health issues in undergraduate and postgraduate medical education.
 - d) Joining forces with like-minded organizations (e.g., the worldwide Climate Psychiatry Alliance, Medical Society Consortium on Climate & Health of the USA) to increase impact.

Conclusion

There is limited literature on the effects of climate change on child and adolescent mental health. This brief review attempts to generate further debate and to highlight the need for more research on one of the biggest mental health challenges of the 21st century. It is also essential that practicing physicians and the broader mental health system play a role in identifying the effects of climate change on mental health. This work needs to be done on a continuum from providing support to families, restoring their safety, and helping them through treatment and recovery; to coming up with effective means to prevent or reduce youth's vulnerabilities globally.

References

Available upon request



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Why an evolutionary perspective is useful for child and adolescent psychiatrists



Dr. Annie Swanepoel (UK)

WPA Evolutionary Psychiatry section

Introduction

In Psychiatry, including child and adolescent psychiatry, we are very good at researching what happens in the brain and how and when it happens in terms of development. However, what we are not good at is asking why things happen the way they do.

An evolutionary view is very useful here, as it helps us understand why things are the way they are. It helps us to see which behaviours are pathological and which are adaptive strategies. In other words, many of the children we see in practice have developed evolutionarily sound strategies to cope with a harsh environment. Recognising this can help children, their families and their clinicians reduce shame and blame.

Evolutionary science

Dobzhansky stated that “Nothing in biology makes sense except in the light of evolution.” This is clearly also true for Child and Adolescent Psychiatry. Tinbergen explained that, to understand any behaviour, we need to ask four questions:

- How does it work? (Mechanistic)
- How did it develop? (Developmental)



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- How is this behaviour adaptive? (Survival value)
- How has it evolved? (Evolution)

We tend to be very good at considering the mechanistic and developmental aspects of the patients we treat – however, we neglect to ask what the survival value is and how the behaviour evolved.

The key insight from evolutionary science is that those individuals that are best adapted to their environment have the best chance of surviving and reproducing. “Survival of the fittest” therefore does not mean that only strong and fast organisms will survive, but, rather, that those who have the best fit with their environment, will thrive. That is why sloths and slugs also exist. The goodness of fit between the individual and their environment is key. It is not about strength or intelligence, but about adaptation. This principle is also true for humans.

Key evolutionary concepts that are important for Child and Adolescent Psychiatry

Parent-offspring conflict

Data gathered from anthropological fieldwork shows that maternal love did not evolve to be unconditional and inevitable. Mothering has evolved to be sensitive to contextual factors. The cultural presumption that women evolved to love their infants automatically, selflessly and whatever the circumstances is incorrect.

Mothers had to make difficult choices when resources were scarce. There may be a conflict between what is best for the child and what is best for the mother (and her other or future offspring). A baby, whose mother was not automatically committed to their care, was in life-threatening danger for the most part of our evolutionary history. Maternal responses to their infants may lie anywhere on a spectrum from close bonding to ambivalence to abandonment. Those babies who responded in ways to keep their mother's attention and care, and therefore survived and reproduced, are the ones who became our ancestors.

Intrauterine programming

Foetal programming prepares the infant for the type of postnatal environment it is likely to encounter. Dangerous environments lead to a fearful mother, who is less able to provide sensitive care. Early experiences calibrate the stress axes to shape fear reactivity, resulting in youths' hypervigilance and fear, which are adaptive in a dangerous environment.



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Stressful life events, exposure to a natural disaster, and symptoms of maternal anxiety and depression increase the risk for the child having a range of emotional, behavioural and/or cognitive problems in later life. Brain imaging research reports that maternal stress is associated with changes in limbic and frontotemporal networks and in the functional and microstructural connections linking them.

In our evolutionary history, it is possible that some increase in these characteristics in some individuals was adaptive in a stressful environment:

- anxiety may have been associated with increased vigilance,
- distractible attention with more perception of danger,
- impulsivity with more exploration,
- conduct disorder with a willingness to break rules for the sake of survival, and
- aggression with the ability to fight intruders or predators.

Prenatal stress increases anxiety, depression and stress responses in females. In a stressful environment, it may be adaptive for females, who are more likely to stay in one place and look after children, to be more vigilant and thus show more stress responsiveness. Males are more likely to show learning and memory deficits. With males it may be more adaptive to go out and explore new environments, compete with other males, and be more aggressive. For these roles, it may help to be less responsive to external stressors.

Attachment theory

Attachment theory was developed by John Bowlby and Mary Ainsworth. "Attachment" refers to the bond of the infant to its primary caregiver (usually the mother) and later towards meaningful others.

This bond is necessary for mammalian newborns, who cannot survive by themselves. Close proximity to the mother protects against predators and provides a secure base from which the infant can explore and return to if frightened. Children can form multiple attachments if given the opportunity.

Where mothers have enough physical and emotional resources, they can provide sensitive and responsive care. This care leads to infants developing a "secure attachment," in which they believe themselves to be worthy of care and others as capable of caring for them. However, nature does not prepare babies only for the optimum



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situation where they are loved, wanted and sensitively cared for. Children develop attachment relationships even if their caregivers are rejecting, inconsistently sensitive, or abusive.

Mary Main proposed that the attachment system would need to be capable of calibration to a variety of environments, favourable and adverse (conditional adaptation). Sensitive caregiving is optimal, and the provision of a secure base would help a child to explore and learn. However, less-sensitive caregiving could be expected to elicit responses that would support survival even in adverse conditions.

Babies have some degree of influence over their survival via their own behaviour influencing their caregivers. Babies develop different attachment styles to mothers that are warm, rejecting, ambivalent, or abusive. Those who did not develop an attachment and elicit care did not survive, and their genes do not persist in the gene pool.

Infants with a “secure attachment” will have high levels of trust. This is adaptive in a benign environment. Note that this style is not adaptive in a harsh environment, where too trusting individuals may be taken advantage of.

When mothers are dismissive of their babies’ needs, perhaps because they have many other competing priorities, their babies learn to become as independent as possible, in order not to antagonise a rejecting mother. These children develop an “insecure-avoidant attachment,” which is characterized as being compulsively self-reliant and not showing their stress. It is important to recognise that it is adaptive not to expect support if none is forthcoming.

Preoccupied and inconsistent mothers who are ambivalent about their babies have children who develop an anxious-ambivalent attachment style and are compulsively care-seeking. Once again, this style is not pathological, as it allows children to get the most care possible from a caregiver who is able to provide good care, when given lots of prompts, by crying, whining, and clinging.

Life history theory

Life history theory refers to the concept that in harsh conditions, there is a trade-off between short term survival and reproduction at the cost of longer-term health and happiness.



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Slow life history: individuals defer reproduction and tend to have fewer offspring, in whom they invest considerable resources. The focus is on quality rather than quantity. This is adaptive in a benign environment where most of the young are expected to survive to adulthood.

Individuals who follow a fast life history begin reproducing at a young age and tend to have more offspring, each of whom gets relatively little nurturance. The focus is on quantity rather than quality. It is important to note that this is adaptive in harsh and dangerous environments where many young are expected to die.

Thus, it follows that, in a dangerous world, an insecure attachment style and a fast life history are more adaptive in terms of survival and reproduction – even if genuine suffering occurs. Secure attachment with a slow life history is more adaptive in a benign environment.

Therefore, the more adverse the early experiences a child has, the greater the likelihood of a faster life course, with more stress, more physical and mental illness, less stable relationships and a shorter life.

Natural selection acts on survival and reproduction only; therefore, as long as affected individuals continue to survive and reproduce, the intergenerational transmission of trauma will continue.

Evolution does not select for happiness.

Evolutionary mismatch

An evolutionary mismatch occurs when the environment in which an organism lives is significantly different from that in which it evolved. Traits that were once adaptive may then become pathological.

In child psychiatry, we can see many examples of such mismatches, two of which I discuss below.

Double deprivation

Children who have experienced their early life in adversity have been primed to be stressed and to trust no one. If their environment changes for the better, for example, by being adopted into a loving family, it takes a lot of time and repeated positive interactions to change the child's internal model. There is a mismatch between the environment the child used to be in (even if just in utero) and the environment it is in later in. This mismatch can prevent the child from making use of real help that is offered and is termed "double deprivation."



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ADHD as an evolutionary mismatch

Children are certainly not adapted to sit still and listen for many hours every day. In hunter-gatherer societies, in which humans lived for as much as 95% of our evolutionary history, children play and learn by doing and moving and modelling and practicing. The ADHD symptoms of hyperactivity, impulsivity and inattention may not be a problem in these societies, and, to the contrary, may be strengths. There is a poor goodness of fit between children with ADHD traits and our modern school expectations. Therefore, the problems that arise are not necessarily due to “pathology” in the child, but due to a mismatch between the child and their environment.

Conclusion

The investment that a mother makes in her child is on a spectrum from indulgent care to ambivalence to rejection. The mother's input in the child is dependent on the emotional and physical resources that are available to her. If resources are limited, there is a trade-off between what is best for the mother and what is best for the child. A mother's stress level (which result from her internal and/or external environment) is transmitted to the baby through intrauterine programming, thus preparing the baby for the level of stress likely to be encountered once born.

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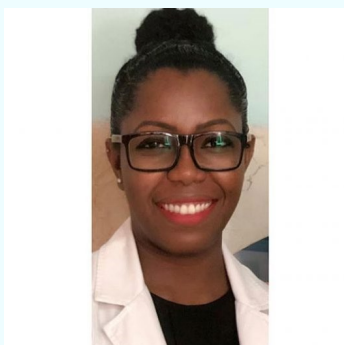


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Characterization of patients 2-17 years old who attended the Child psychiatry outpatient clinic of the Georgetown, Guyana Public Hospital Corporation from 1st Jan 2016 to 31st Dec 2021



Dr. Jenese October (Guyana)

Dr. Elizabeth Nickram-Validum (Guyana)

Rationale: According to the World Health Organization (2021), globally, 8% of children aged 5-9 years and 14% of adolescents aged 10-19 years live with a mental disorder. Also, half of the mental health disorders present in adulthood develop by age 14 years. (World Health Organization. World mental health report 2022). However, in Guyana, there are no statistics to depict these mental disorders in this population.

Objectives: This study will focus on describing characteristics of mental disorders in the pediatric population attended by the Child Psychiatry outpatient clinic of the Georgetown Public Hospital Corporation (GPHC), Guyana from 1st January 2016- December 2022.

Methodology: This cross-sectional study was conducted with patients aged 2 to 17 years who attended the Psychiatric clinic at GPHC from 1st Jan 2016 to 31st Dec 2022 after approval was granted from the Georgetown Public Hospital Corporation Research Committee and the Institutional Review Boards (IRB) from the Ministry of Health of Guyana. The patient records were sampled following a stratified random sampling design from a



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population of 1288 stratified via proportional allocation over the years 2016 to 2022. The data was collected via an Excel spreadsheet and was imported into R Core Team (2022). The data were checked for inconsistencies and missing values by examining the distribution frequencies. Descriptive summaries using counts and percentages were compiled for the sample characteristics, such as patient demographics, and for the disorders that were identified in the sample. A simple log-binomial model was used to estimate the risk ratio to identify associated factors for each disorder identified as common (McNutt et al., 2003). The differences in patient factors across patient demographics were examined using an adjusted Wald test of independence (Lumley, 2011). All statistical tests' alpha level was set to 5% with confidence intervals (where applicable), and p-values were reported along with descriptive summaries highlighting trends. This research was carried out under the ethical principles that govern all research as provided for in the 2006 Helsinki Declaration.

Main findings: 1. Demographics include most frequent age between 10-17 years old (70%); female patients (51%), Afro-Guyanese (45%), 85% attended school and 48% with mothers as their legal representatives. The most common referral center was a hospital (48%), 49% referred by a doctor, 91% not in institutional care, 68% from a single parent family and majority from region 4 (76%). 2. The most common psychiatric disorders were Neurodevelopmental disorders (43%), Stressor and trauma related disorders (16%), Disruptive Impulse control and conduct disorders (13 %), Schizophrenia spectrum and related disorders (11%), Depressive Disorder (11%), Unspecified personality disorder (6.1%) and anxiety disorders (5.8%). 3. Associated factors of the different psychiatric disorders were family history of a mental disorder 25.4%, Previous suicide behavior 18.6%, substance use 14.8%, experience abuse 27.1%, Medical illness 12.1%, Developmental risk in 27.7%. 4. The most common diagnosis were Neurodevelopmental disorders found in 86% of patients less than age 6. Developmental risk and family history of a developmental disorder had higher incidence. Perinatal risk and medical illnesses were more prevalent in males 55.9%, seen mostly in childhood 58.4%, highest in mixed population 65.1% and 80% of the patients attended school.



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Pro memoria Barry Nurcombe (1933-2023)

Prof. Helmut Remschmidt (Germany)

In early March 2023, Barry Nurcombe passed away, a few weeks after his wife, Alison. He was one of the most distinguished child and adolescent psychiatrists worldwide and went through a marvelous career.

Born on January 11, 1933, he graduated with an MBBS (with first class honours) from the University of Queensland in 1955. His internship was at the Royal Brisbane Hospital. He trained in psychiatry at Brisbane and Melbourne, receiving the Diploma of Psychological Medicine in 1959. In 1963/64, as a Fellow of the Commonwealth Fund of New York, he undertook training in child psychiatry at the Judge Baker Guidance Center and Children's Hospital Medical Center, Boston, Massachusetts. From 1967 to 1976, Barry Nurcombe was Senior Lecturer and Associate Professor in Child Psychiatry at the University of New South Wales. Here, he undertook research in cross cultural child psychiatry and established the Bourke Pre-school, an experimental pre-school for the testing of language stimulation programs in part-Aboriginal children.

In 1976, he moved to the University of Vermont, where he became Professor and Director in Child and Adolescent Psychiatry. Here, he conducted research into clinical reasoning and was the co-director of an intervention program for the mothers of low birth weight infants.

From 1984 until 1989, Barry Nurcombe was Professor of Psychiatry at Brown University, Providence, Rhode Island. Here, he introduced the technique of goal-directed treatment planning and developed an interest in forensic child psychiatry, particularly in the areas of civil litigation and allegations of sexual abuse.

From 1989 to 1996, he was Professor and Director of Child and Adolescent Psychiatry at Vanderbilt University, School of Medicine, Nashville, Tennessee. From 1991 to 1994, he was Medical Director, Vanderbilt Child and Adolescent Psychiatric Hospital.



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From 1996 to 2001, Barry Nurcombe was Foundation Professor of Child Psychiatry at the University of Queensland; Chair, Child and Adolescent Psychiatry, Queensland Mental Health Services, Royal Children's Hospital; District Advisor to the Department of Health, Queensland, concerning child and youth services; and consultant to the Royal Brisbane Hospital and Royal Children's Hospital, Brisbane. In September 2001, he became Emeritus Professor, University of Queensland.

From 2007-2008, he was Professor of Child and Adolescent Psychiatry at the University of Western Australia. He was Visiting Professor at Nagoya University, Japan; Philipps University, Marburg, Germany; and the National University of Malaysia, Kuala Lumpur.

Dr. Nurcombe published numerous scientific articles and is the author or co-author of sixteen books, including the following:

"An Outline of Child Psychiatry" (1974), "The Clinical Process in Psychiatry" (1986), "Psychiatric Consultation to Hospitals, Schools and Courts" (1994), "Child Mental Health and the Law" (1994), "Current Psychiatric Diagnosis and Treatment" (2000, 2008), "Children of the Dispossessed" (2000), "Consumer Measurement Systems and Child Adolescent Mental Health" (2000), and "Child and Adolescent Psychiatry: An Area of Global Neglect" (2007).

In the last 20 to 30 years of his life, he became interested in Japanese language and culture as well as in Ancient Greek language and history. His most impressive achievement of his later years was the translation of Homer's Iliad from Ancient Greek into English. This book was published in September 2020 by Cambridge Scholars Publishing, Cambridge.



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Future Meetings and Announcements

23Rd WPA World Congress of Psychiatry in Vienna, Austria

23RD WPA WORLD CONGRESS OF PSYCHIATRY
VIENNA, AUSTRIA
28 SEPTEMBER - 1 OCTOBER, 2023
wcp-congress.com

American Academic of Child and Adolescent Psychiatry (AACAP) – Annual Meeting on 23-28 October New York City

AACAP NYC October 23-28 2023

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
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New York Hilton Midtown & Sheraton New York Times Square Hotel



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**International Association for Child and Adolescent Psychiatry and Allied Professions
Conference on 20-24 May 2024, Rio de Janeiro, Brazil**

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