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Research capacity-building in child and adolescent mental health through the Helmut Remschmidt Research Seminar (HRRS) – history, programme evaluation, and future directions

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Abstract

Background

Research expertise in child and adolescent mental health is very limited around the globe and dedicated efforts are required to build and inspire the next generation of clinician-scientists and academic child and adolescent mental health professionals. One of the priority areas of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is development of the next generation research leadership to ensure high-quality, contextually-relevant research around the globe. The Helmut Remschmidt Research Seminar (HRRS), a one-week residential research capacity-building programme, was inaugurated by IACAPAP in 2007 to support this strategic goal. Ten editions have been run to date with encouraging informal feedback, but no systematic programme evaluation has been published. Here we a) present a brief history of the programme, b) summarise systematic programme evaluation, and c) discuss future directions for the HRRS.

Methods

HRRS participants from seven of the ten editions (2013, 2015, 2017, 2019, 2022, 2023, 2025) provided anonymous written feedback of their experience at the end of each edition. The standardized feedback form included quantitative and qualitative elements. Descriptive and summative analysis was performed.

Results

A total of 155 participants (130 fellows and 25 mentors) contributed programme evaluation data. Overall programme evaluation was consistently positive across all editions of the HRRS, independent of location, with a mean overall rating of 9.75/10 across the years (range 8–10). All programme elements (morning lectures, small group work, one-to-one sessions, social activities) received highly positive feedback with some suggestions for improvements. The overarching impact was one of inspiration and transformation: *“It really surprised me that, in the end, I don’t feel like it’s only about research, but it’s about connecting with each other, ourselves and our values and hopes for a future in research.”*

Conclusions

The systematic programme evaluation provided strong endorsement for the week-long HRRS programme. Future research with former participants could yield additional reflections on key ‘active’ ingredients of the programme, on models for longer-term collaborative activities of former fellows, and on other measures of outcome and impact. Importantly, IACAPAP will need to reflect on strategies to secure the long-term sustainability of the programme.

Background

It is widely accepted that clinical research capacity in child and adolescent mental health is very limited around the globe (including in high-income countries) and that dedicated efforts are required to build and inspire the next generation of clinician-scientists and academic child and adolescent mental health professionals [1–3]. The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is a global child and adolescent mental health (CAMH) organisation, set up in 1937 with the overarching vision and mission "to promote the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families, through policy, practice, training and research" [4, 5]. IACAPAP supports its vision and mission through a range of strategic activities including biennial international conferences, regular webinars, study groups and a range of other events [4, 5].

IACAPAP has a particular awareness of the need to support the development of the "next generation" of clinical and research leadership across the globe, and has three flagship programmes to do so - the Donald J Cohen Fellowship Programme (an in-conference leadership development programme founded by Helmut Remschmidt in 2004 in memory of Donald J Cohen, a distinguished American child & adolescent psychiatrist and former President of IACAPAP), the IACAPAP Early Career Group (an ongoing programme founded in 2019 by the IACAPAP Executive) and the Helmut Remschmidt Research Seminars (HRRS), a one-week residential research training programme [4, 6].

Here we focus on the HRRS, given the urgent need for sustainable and scalable models for global research capacity-building, and given that one of the priority areas of IACAPAP is development of the 'next generation' of CAMH research and research leadership to ensure high-quality, contextually-relevant research and evidence around the globe.

The History of the Helmut Remschmidt Research Seminars (HRRS)

The original idea and format for a research seminar started in Germany when Prof Helmut Remschmidt (Marburg) and Prof Martin Schmidt (Heidelberg), two academic child & adolescent psychiatrists, created a residential research seminar format for early career child and adolescent psychiatrists who were interested in pursuing an academic career. When Prof Remschmidt became President of the European Society for Child and Adolescent Psychiatry (ESCAP) in 1995, he broadened the format to a European level and ran a series of "European Research Seminars" for that group of early career professionals. When he became President of IACAPAP in 1998, the Research Seminars were opened up to participants from all over the globe. At the 17th IACAPAP Congress in Melbourne (2006) the IACAPAP Executive Committee decided to name the seminars "IACAPAP Helmut Remschmidt Research Seminars" (commonly referred to as 'HRRS'), in recognition of his pioneering work.

The first edition of the HRRS took place in Türkiye (Istanbul, 2008), followed by China (Beijing, 2010), France (Paris, 2012), South Africa (Stellenbosch, 2013), Canada (Kananaskis, 2015), Czech Republic

(Svatá Kateřina, 2017), Singapore (2019), United Arab Emirates (Dubai, 2022), and Brazil (Campos do Jordão, 2023). The 10th HRRS took place in Germany (Irsee, 2025).

The structure of the Helmut Remschmidt Research Seminars (HRRS)

In the spirit of global research capacity-building, the HRRS takes place 6–12 months before the next IACAPAP Congress in the geographical area where the congress will be hosted. After an open application system shared with all IACAPAP member organisations and individual members, a panel of 4–5 senior mentors reviews all applications and selects 20–25 HRRS fellows to participate. Fellows are 'early career' (before any appointment at consultant/assistant professor level or within 10 years of completing a PhD-level degree), from any discipline related to CAMH, and need to show evidence of active research participation including some research outputs. The review panel deliberately aims to select a highly diverse group of fellows, prioritizing the geographic region of the meeting, but always ensuring broad representation across gender, professional groups, geographies, languages, and cultural background.

The purpose of the HRRS is to inspire young colleagues from child and adolescent mental health disciplines to engage in research and collaborate internationally, including those who combine clinical practice with research and those working in contexts where research infrastructure is limited. A fundamental philosophy is to support fellows to be able to do the highest quality research possible in and relevant to their own context and with contextually-available resources. The aims of the 5-day seminar are therefore two-fold: first, to provide knowledge in key aspects of research design relevant to child and adolescent mental health, presenting research to colleagues, skills in commenting on the research of others, career planning, and to enable participants to carry out their own research projects under the specific circumstances of their departments, countries and contexts; second, to create a welcoming atmosphere and a safe, non-hierarchical space for networking between the fellows from all over the globe.

Each seminar participant is asked to bring a research plan or an ongoing project to present and work on in small groups supervised by one or two mentors. Mentors are experienced CAMH clinician-scientists, supported, wherever possible, by clinical research colleagues from the region where the HRRS takes place. The typical programme structure of the week is shown in Fig. 1. The programme starts on a Sunday afternoon with an introduction session for all fellows and mentors, followed by an informal welcome dinner. Morning sessions are typically led by mentors who present talks on various aspects of research as relevant to the group of HRRS fellows. Final programme topics are chosen based on a survey of selected fellows in the 3 months before the HRRS. Common topics include research methodology and statistics, academic writing and scientific communication, grant writing, and doing research with limited resources. Afternoon sessions are typically small group work where 4–5 Fellows work with one or two mentors to discuss and refine their own research projects. The desired outcome of the HRRS is for participants to have developed and shaped research projects in a way that it can be

performed in the environment where the participant is based. A second desired outcome is for participants to prepare one or more abstracts for submission to the next IACAPAP congress.

[Fig.1 about here]

The HRRS programmes deliberately take place outside cities/metropolitan areas wherever possible, preferably in remote locations such as retreat centres and monasteries, to facilitate a very immersive experience for HRRS fellows and mentors to live and work together for the full week. All food, accommodation and activities are included in the fellowship award. Participants are accommodated in (typically modest) single rooms to allow them a private and quiet reflective space at the end of each day. Candidates only need to secure their own travel from their home country/city to the HRRS venue. Recognising the importance not only of academic and scientific discussions, the HRRS programme very strategically includes a range of social activities throughout the week. These include walks, games and other local activities, and mid-week typically includes an excursion to a historical site in the community (e.g. churches, museums or castles). In some centres, a public lecture is held (typically mid-week) to provide an opportunity for the HRRS team to engage with child & adolescent mental health teams in the local community. One-to-one mentoring sessions take place at a suitable time during the week, usually on Wednesdays or Thursdays. On Thursday evening, a celebration dinner is held for the group either on site or in a location close to the HRRS venue. Friday mornings are led by the HRRS fellows where they can bring any comments, questions or challenges to the mentoring group. The HRRS concludes with a final reflection and feedback session on Friday afternoon. Participants receive a certificate and an HRRS lapel pin with the IACAPAP logo and the letters ‘HRRS’ on it. The purpose of the pin is to allow former fellows to ‘recognise’ one another at IACAPAP conferences and other events, and as a conversation starter about research capacity-building in CAMH around the globe. After departure of the fellowship group, mentors have a reflection meeting to review the HRRS programme and to start planning the next edition.

Since 2007 more than 250 early-career researchers have participated in the HRRS and many have progressed to senior academic or academic-related leadership positions in CAMH. Informal feedback about the HRRS has been very positive (see e.g. [7]). However, no systematic evaluation of the programme has been published. Here we set out to evaluate data from seven of the ten editions of the HRRS to date, and to use these data to consider future directions for the HRRS.

Methods

Participants and procedure

Systematic programme evaluation of the HRRS was introduced in 2013. Programme evaluation was done by asking all HRRS participants to provide anonymous written feedback of their experience at the end of each edition. The standardized feedback form included quantitative and qualitative elements.

Questions are outlined in Table 1. Data were available for all of the last seven of the ten HRRS editions (2013, 2015, 2017, 2019, 2022, 2023, 2025). Given that feedback was provided anonymously to reduce the likelihood of socially desirable responses, participant demographics (gender, countries, professional group) was collected from programme booklets (available at [8]).

Table 1
HRRS programme evaluation feedback form questions

Narrative questions		
	Overall theme	**Question**
1	Overall feedback about the HRRS	Please provide feedback about the HRRS (Did it meet your expectations? Did you have a chance to discuss and have feedback on your research ideas/project? Structure, content, usefulness, trainers, atmosphere for learning, venue, opportunity for reflection etc.).
2	Personal highlight	Did you have a personal highlight?
3	Morning lectures	Comments about the morning lectures
4	Small group work	Comments about your small group activities and mentors
5	Other activities or tasks to add to the programme	What other activities or tasks could be useful for future HRRS?
6	Anything to remove from the programme	Should anything be removed from the current programme?
Rated question		
7	Overall rating for the HRRS	1 (poor) to 10 (excellent)

Data analysis

Summative analysis was performed on the narrative items (Table 1, items 1–6), and descriptive statistics were used for the quantitative item (Table 1, item 7).

Researcher positionality

All authors have been mentors and/or coordinators for one or more edition of the HRRS programme and we acknowledge this intrinsic positionality in our approach to the data collection and analysis performed here. All of us have also been actively involved in other research and clinical capacity-building activities in CAMH for most of our careers. Some of us participated in research capacity-building activities when we were early career researchers. Many of us commented on the lack of similar programmes during our own training. Our expertise spans child & adolescent psychiatry, clinical and educational psychology, epidemiology, systems thinking, qualitative and quantitative research, and implementation science research. We trained in various international contexts including the Americas, Africa and Europe, and

many of us have collaborated and supported early-career colleagues globally. We aimed to apply our expertise in complementary and reflective ways during data analysis and interpretation.

Results

A total of 138 fellows were documented in the programme booklets from 2013–2025 [8]. Of those, 130 contributed anonymous end-of-programme evaluation data. In addition, 25 mentors provided anonymous feedback. Here we present the demographic characteristics of participants and programme evaluation findings.

Demographic characteristics of HRRS fellows

One hundred (100/138, 72,5%) of the fellows were of female gender, and the remaining 38 (38/138, 27.5%) were of male gender. In terms of professional groups, 89 (89/138, 64.5%) were psychiatrists (including general psychiatrists, child and adolescent psychiatrists and neuropsychiatrists) and 34 (34/138, 24.6%) were psychologists (including clinical psychologists, research psychologists, counselling psychologists, psychotherapists and educational psychologists). The remaining 15 participants (15/138, 10.9%) represented other professional groups: three had other medical qualifications with an interest in mental and developmental disorders (paediatrics, developmental paediatrics, general medicine), three had a professional background in nursing, two were neuroscientists, two were social workers, and one each was an occupational therapist, speech and language pathologist, social scientist, global mental health researcher and special educator (teacher).

As shown on the global map (see Fig. 2) a total of 54 countries/regions/territories were represented across the 7 HRRS editions. Using World Health Organization (WHO) regions as guide, the WHO Africa region had representation from 9 countries (Democratic Republic of Congo, Ethiopia, Kenya, Liberia, Nigeria, Rwanda, South Africa, Uganda and Zambia); the Eastern Mediterranean Region had representation from 5 countries (Jordan, Lebanon, Saudi Arabia, Tunisia and United Arab Emirates); the South-East Asia region had representation from 6 countries (Bangladesh, India, Nepal, Pakistan, Sri Lanka and Thailand); the Western Pacific region had representation from 8 self-reported countries/regions/territories (Australia, Cambodia, China, Indonesia, Japan, Malaysia, Singapore and Taiwan); Region Europe had representation from 21 countries (Albania, Belgium, Bulgaria, Czech Republic, France, Germany, Hungary, Italy, Lithuania, Moldova, Poland, Portugal, Romania, Russia, Serbia, Slovenia, Spain, Sweden, Turkiye, United Kingdom and Ukraine) and the Americas included 5 countries (Argentina, Brazil, Canada, Ecuador and the USA).

[Fig. 2 about here]

Programme Feedback

Overall programme feedback

Feedback from the 155 participants (130 fellows and 25 mentors) was overall very positive about the programme. Participants reported enjoying the overall structure, appreciated being able to participate with internationally leading mentors and networking with an international mix of fellows. Many fellows described the HRRS as transformative to their careers and to their way of thinking about research, and as one of the best research capacity-building activities that they had participated in:

It is safe to say that this week has had the greatest impact on my career thus far.

(2013-10)

"This was one of the best professional development opportunities I have ever had. I have made new connections with local and international collaborators and look forward to our shared work." (2015-14)

It completely changed the way I see things in my academia/research career and what I want for my future! It opened my eyes for so many opportunities and new paths!

(2023-19)

"It really surprised me that, in the end, I don't feel like it's only about research, but it's about connecting with each other, ourselves and our values and hopes for a future in research." (2023-23)

Participants commented on the overall atmosphere of the HRRS that facilitated meaningful research connections to be built, fostered closeness in the group and created a safe space to be vulnerable without feeling anxious:

"Every single day was better than the previous day. However, the most amazing experience for me was the closeness and interactions that developed amongst all the fellows and mentors within such a short time." (2017-11)

"I felt so respected and "seen" by all the mentors! I've felt that they were really open and keen to help us on our careers, but not in a hierarchical way." (2023-19)

For me, it's been great meeting with some incredible people from all around the world. I loved the environment of respect (and no competition) among the participants.

(2025-06)

"During our last small group meeting a mentee shared how anxious they felt about coming to Europe for the first time and talking about their research. Once here, she expressed feeling so supported and not judged that all of her anxiety melted away. It was a very powerful story and moment in the small group." (2025-26)

Personal highlights

Small group mentoring sessions were frequently mentioned as personal highlights for fellows as an opportunity to think about and work on their research projects:

“The feedback and guidance from the mentor was invaluable!!!” (2015-08)

“The discussions were so stimulating that I found difficult to fall asleep some nights.” (2015-18)

For a number of participants the one-to-one mentoring sessions were particularly memorable and powerful experiences:

“My personal highlight would be the one-on-one mentoring session. This particular session helped me a lot to gain insights into the struggles, the work and motivation of an early researcher in the field. To have the mentor sharing about their stories and normalizing struggles were highly encouraging and inspiring for me.” (2019-19)

“Excellent opportunity for self-reflection and (to) discuss personal struggles in career that are often not addressed in early career.” (2019-22)

“Yes, it help(ed) me think about my future/my dreams without feeling overwhelmed.” (2025-17)

A broader theme of access to mentors throughout the whole week was also clear. Many participants reflected on the impact of the programme not only on their professional and research work but also on their personal lives and on their overall vision for research:

“I would highlight the accessibility of the mentors. They were open-minded, interested, they were curious about us both personally and professionally.” (2017-02)

“A reminder that while we need to strive for scientific approach, we always need to keep in mind our job is not only to get data but to be a voice for many others who may be voiceless.” (2019-03)

Many participants commented on the value of social and non-research activities as fundamentally important to the process of the HRRS:

“I thought that social events helped create an atmosphere of openness that harmonized us all.” (2022-04)

Some fellows simply stated that they loved everything:

“I cannot pick one distinctive highlight. I enjoyed every minute about it. One of the best choices in my life to apply for HRRS!” (2025-02)

Morning lectures

Morning lectures presented by mentors were universally endorsed and appreciated:

“I think each lecture had a purpose and showed me how to conduct research, analyze and present it. They were really useful and amazing.” (2017-05)

“ I loved that there were not only theories and steps, but also examples of projects and research that I can relate to.” (2019-01)

“I got to know better how a good lecture should be fun, serious, visual and full of recent literature.” (2019-06)

“I loved all of them – they were useful, wise, rich with content, but yet understandable and practical.” (2023-17)

Small group work

As commented on under ‘personal highlights’ small group work was consistently endorsed as meaningful activities and experiences to fellows. Fellows enjoyed that they were all at relatively similar career stages and that were therefore at similar places in their research journeys:

“I liked that most people in my small group were at approximately the same phase of their research project. This helped to ensure that discussions were pertinent to all.” (2015-04)

“Extremely useful – to have the opportunity to discuss everyone’s project in detail and obtain feedback and guidance from such experienced and renowned mentors was a privilege.” (2015-18)

Apart from the advice and input from mentors, participants also appreciated the discussion with other fellows, particularly ones from different geographic and professional backgrounds, and found personal inspiration through small group work and the overall seminar:

“I especially appreciated the sharing of everyone’s discussion afterwards.” (2019-02)

“This week gave me hope about my career in research.” (2019-06)

Other activities or tasks to add to the programme

Various fellows in the earlier editions of the HRRS requested one-to-one mentoring, and some specific research topics e.g. grant writing. In response to these requests, one-to-one mentoring sessions were introduced from 2019, and grant writing sessions became a regular feature of the programme.

A few participants felt that the programme should be longer, and a few that the daily schedule should be shorter to allow more free time for participants. On closer inspection, the desire for ‘free time’ seemed to be a need for participants to ‘metabolise’ or reflect on their experience and learning in real time. One participant said:

“A good suggestion in our small group was to schedule a 5–10 minute reflection time at the end of the day or morning/afternoons: individually to provide some time to digest, write down and reflect before going to dinner etc.” (2022-20)

Another interesting suggestion, not yet formally implemented to date, is the request for continuity and ongoing activities after conclusion of the HRRS:

“My suggestion after IACAPAP there should be some follow up and monitoring of projects etc. or some advanced program to those (who) completed HRRS.” (2019-07)

Anything to remove from the programme

In spite of the range of fellows, mentors, countries and locations over the last seven editions of the HRRS, not a single participant suggested removing anything from the programme:

“I think it’s perfect.” (2015-16)

“I don’t think anything should be removed. It is perfectly designed as it is.” (2017-01)

“I don’t think anything should be removed from the programme.” (2019-19)

“From my point of view, everything was perfect.” (2023-08)

Overall rating for the HRRS

The overall ratings (out of 10) by participants ranged from 8–10, with a mean of 9.75 and a median of 10. As shown in Table 2, ratings remained stable across years and geographic locations.

Table 2
Overall rating of the HRRS programme from 2013–2025

Year of HRRS (Country)	Number of participants (n)	Mean Rating (0–10)	Median Rating (0–10)	Range (0–10)
2013 (South Africa)	17	9.53	10	8–10
2015 (Canada)	18	9.50	10	8–10
2017 (Czech Republic)	24	9.92	10	9–10
2019 (Singapore)	27	9.55	10	8–10
2022 (UAE)	23	9.91	10	9–10
2023 (Brazil)	20	9.95	10	9–10
2025 (Germany)	26	9.85	10	9–10
Overall rating	**155**	**9.75**	**10**	**8–10**

Discussion

It is widely accepted that clinical research capacity in child and adolescent mental health is very limited around the globe (including in high-income countries) and that dedicated efforts are required to build and inspire the next generation of clinician-scientists and academic child and adolescent mental health professionals [1–3]. Recognising this need, IACAPAP introduced the Helmut Remschmidt Research Seminar (HRRS) programme as a specific model to support clinical research capacity-building with an

international and global impact in mind [8]. More than 250 fellows have participated in the programme since its inception in 2007. Completion of the 10th edition of the HRRS provided us with the impetus to publish a systematic programme evaluation that could inform future steps to strengthen and sustain the HRRS. Here, we therefore set out to present a brief summary of the history, purpose and structure of the HRRS, performed an evaluation of written post-programme evaluation data, and used the information to consider future steps for the programme.

The quantitative ratings of 155 participants over the last seven HRRS editions (no systematic data were collected for the first three HRRS) showed very high and highly consistent scores (mean = 9.75/10; median 10/10) across all editions, regardless of geographical location, venue or predominant languages of the region. The qualitative/narrative data extracted from the feedback forms provided a range of nuanced findings. Participants experienced the HRRS as one of the best training programmes they had ever attended, and as life-changing for many. Apart from the 'technical' research skills they gained in, for example, research methodology or scientific communication, many were surprised by how powerfully the programme made them reflect on much broader aspects of their careers and life goals. The Fellows found all elements of the programme helpful – including talks, small group work and one-to-one mentoring. The strongest endorsement and theme that emerged from the data was the inspirational and transformative nature of networking, relationship-building and personal connections between fellows and mentors that developed strongly over the course of the week and in a way that made everyone feel safe, heard and able to participate without the typical academic hierarchies often associated with research training. This 'spirit' was captured well by one participant who said: *"It really surprised me that, in the end, I don't feel like it's only about research, but it's about connecting with each other, ourselves and our values and hopes for a future in research."*

Reflecting on the feedback from participants, it seemed that the two overarching goals of the HRRS ('technical research training' and 'international networking') were being met. We propose that it is the deliberate combination and integration of the 'technical' and 'human' elements that provide the most 'active' ingredient of the HRRS (see also [7]). The combination allows all participants to become motivated, to reflect on their own work-life balance (even if only to realise that the two are inseparable!), and to build personal and professional relationships with colleagues from across the globe. Given the timeline of this review (2013–2025) we were fortunate not to have been directly affected by the COVID-19 pandemic. HRRS2019 took place in person in Singapore, and we delayed the next edition until 2022. We do not believe that the HRRS programme can achieve the same impact unless it is run in-person.

The last seven editions took place in highly diverse contexts in Africa, North America, Europe, Western Pacific, Eastern Mediterranean, and Latin-American regions. We were therefore surprised by the consistency of scores and reflections over the years, in spite of very different participant cohorts, geographical regions, cultural/linguistic diversity and locations for the HRRS (e.g. a dedicated retreat centre in South Africa, a hotel complex in Canada, a high-rise accommodation block in Singapore or a historical monastery in Germany). We attribute this consistency to a number of factors: first, the purpose and goals of the HRRS have universal value to all early-career CAMH clinician-researchers; second, we

deliberately combine a group of ‘core international’ mentors (with many years of running the HRRS between them) with edition-specific mentors that are not only highly skilled academics, but are also ‘matched’ in relevant geographic, linguistic or contextual ways; third, we survey each HRRS cohort a few months before the programme to make sure that we personalize the training to their needs. These are important structural elements of the HRRS to retain in future.

In terms of participant characteristics, the majority of HRRS fellows were female, in keeping with the overall gender profile of CAMH professionals around the globe [9, 10]. Professionally, most Fellows were early career child & adolescent psychiatrists or psychologists, and only a handful represented other professional groups or disciplines related to CAMH, e.g. occupational therapy, speech & language therapy/pathology, nursing or social work. This profile may in part be a result of the institutional and individual membership profile of IACAPAP, but it would be important to have proactive efforts to encourage candidates from a broad and diverse range of disciplines to apply, especially given the highly inter- and transdisciplinary nature of CAMH services and systems around the globe.

Apart from shaping their own research projects at the HRRS, the second desired outcome of the HRRS programme is for participants to prepare one or more abstracts for submission to the next IACAPAP congress. This element was not included in the systematic programme evaluation performed here. However, using the 2025 cohort of HRRS Fellows as example, 21/23 were able to attend the IACAPAP2026 congress and presented 16 symposia talks, 4 oral presentations and 10 poster presentations; one of the fellows received a poster prize for his research. Apart from presentations at IACAPAP congresses, groups of fellows have also independently set up research projects on topics of their own interest and presented this work at other conferences (see e.g. [11]).

Future directions for the HRRS

Globally concern remains about the future of academic child and adolescent psychiatry and mental health, and how to find appropriate vehicles to support clinical research capacity building for the global CAMH workforce. Various models have been implemented in different parts of the world, including, for example, a dedicated research clinician resident track in the USA [12], targeted research training seminars built into a year-long training programme in Austria [13], the European Society of Child & Adolescent Psychiatry Research Academy programme [14–16] and other more formal models such as academic fellowship programmes in the UK [17]. We acknowledge that the HRRS is aimed at a particular group of early career clinician-scientists who already have made a start in their academic careers and that the programme was not set up as a replacement for comprehensive research training programmes such as completing a PhD or equivalent research degree. Nevertheless, the one-week residential model of the HRRS with a focus on global, multidisciplinary participation blending technical and networking activities, stands out as a highly impactful, scalable and sustainable model.

The dedication of IACAPAP to the HRRS and other “next generation” programmes (including the Donald J Cohen Fellowship and the Early Career Group) should be acknowledged. To ensure sustainability, various

factors will, however, need to be considered. First, each HRRS programme typically includes 6–10 mentors. Mentors are senior academics from a range of countries who offer one full week of their time and expertise without any payment. Mentors participating in the HRRS therefore sees their contributions as a socially responsive activity and as a 'service' to the global child & adolescent mental health community. Sustaining a cohort of high-quality mentors with the willingness to participate will be a fundamental task for IACAPAP. Second, funding of the HRRS programme has to date been the financial responsibility of the host institution where the next IACAPAP conference will take place. The budget, which typically ranges between US$20,000–60,000 (depending on location) is therefore a significant consideration for host institutions. To date, various host countries/institutions have sought local funding to support the HRRS, but we are mindful that global costs are rising. The immediate risk for the HRRS will therefore be attempts to 'streamline' the programme for financial reasons, which in turn may (unknowingly) remove some of the active ingredients of the programme and directly impact the overarching spirit of the HRRS. An ideal financial solution would be to secure funding to endow the HRRS in perpetuity and therefore to protect its integrity and consistent structure that developed over the decades. We acknowledge that all programmes can and should be adaptable and flexible to meet the needs of new generations, and it is therefore also important to ensure ongoing review and updating of HRRS editions, and to incorporate appropriate succession planning of the HRRS coordinating and mentoring team.

Limitations of this study

We acknowledged up front our own researcher positionality as leadership of the HRRS and acknowledged the likelihood of socially desirable responses from participants. In addition, the timing of feedback (immediately after the programme) may have added to immediacy and overenthusiastic effects in responses. However, we aimed to mitigate against these biases in various ways, including collecting evaluation feedback anonymously, reviewing all data and using a very simple summative analytic approach. For future studies, many improvements can be made. From a research design perspective, more comprehensive pre/post data collection, data collection 6- or 12-months (or longer) after the programme and using different data collection methods could all improve the quality and robustness of findings. For data analysis, using researchers not involved in the HRRS and AI-based automated analysis methodologies could be considered. It may also be very helpful to document and track IACAPAP abstract submissions and other research outputs from HRRS fellows that may have been inspired by their participation in the programme.

Conclusions

The IACAPAP Helmut Remschmidt Research Seminar (HRRS), a one-week residential research training programme for child and adolescent mental health clinical researchers from all over the world, was shown to provide a very impactful model for research capacity-building. The blending of technical teaching and learning on research methods and scientific communication with relationship-building in a safe and non-hierarchical way was experienced by many participants as transformative and highly

motivating to develop and sustain research alongside clinical and other academic elements of child and adolescent mental health careers. The HRRS could be a good model for other communities seeking strategies for research capacity-building. We applaud IACAPAP for its vision and encourage the global CAMH community to support the sustainment of the programme for future generations.

Abbreviations

CAMH Child and Adolescent Mental Health

HRRS Helmut Remschmidt Research Seminar

DJCFP Donald J Cohen Fellowship Programme

IACAPAP International Association for Child and Adolescent Psychiatry and Allied Professions

WHO World Health Organization

Declarations

Ethics approval and consent to participate

The data included in this manuscript represented anonymous programme evaluation by early career child and adolescent mental health professionals participating in the HRRS programme. The nature of the data is excluded from requirements for ethical approval and informed consent. The need for approval was therefore waived.

Consent for publication

Not applicable.

Competing Interests

The authors are all current or past mentors and/or coordinators of the HRRS programme. This is acknowledged as an intellectual conflict of interest in the positionality statement provided in the manuscript. The authors declare that they have no other competing interests.

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Author Contribution

PdV and HR had the idea for the manuscript. PdV and CS collected all data. PdV analyzed the data and created the first draft of the manuscript. All authors contributed to historical background, interpretation and refinement of the analysis, and to the discussion. All authors read and approved the final manuscript.

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Data Availability

All data and materials are available from the corresponding author on reasonable request.

References

1. Kindler J, Kaess J, Eliez S, Cosentino M, Liebrand M, Klauser P. Research training in child & adolescent psychiatry: lack of motivation or a structural problem? Eur Child Adolesc Psychiatry. 2023;32:1817–20. https://doi.org/10.1007/s00787-023-02293-7.
2. Revet A, Hebebrand J, Bhide S, Caseiro J, Conti E, Deutz M et al. (2018). Dual training as clinician-scientist in child and adolescent psychiatry: are we there yet? Eur Child Adolesc Psychiatry. 2018;27:263 – 65. https://doi.org/10.1007/s00787-017-1104-x
3. Balon R, Morreale MK, Louie AK, Aggarwal R, Guerrero APS, Coverdale J, et al. Research Training and Education at the Crossroads. Acad Psychiatry. 2022;46:417–20. https://doi.org/10.1007/s40596-022-01682-5.
4. The International Association of Child and Adolescent Psychiatryand, Professions A. November. https://iacapap.org/about/about-iacapap.html. Accessed 3 2026.
5. Oshodi YO, Schröder CM, Rohde LA, Fung D. (2023). Strategic plan of the international association for child and adolescent psychiatry and allied professions (IACAPAP) for 2023–2026. Child Adolesc Psychiatry Ment Health. 2023;17:137. https://doi.org/10.1186/s13034-023-00681-0
6. Kaku SM, Sibeoni J, Basheer S, Chang JP, Dahanayake DMA, Irarrazaval M, et al. Global child and adolescent mental health perspectives: bringing change locally, while thinking globally. Child Adolesc Psychiatry Ment Health. 2022;16:82. https://doi.org/10.1186/s13034-022-00512-8.
7. Mutlu M, Canga-Espina C, Berni M, Meddouri SL. Empowering child and adolescent mental health through evidence-based approaches: reflections from the 10th Helmut Remschmidt research seminar in child and adolescent psychiatry. Eur Child Adolesc Psychiatry. 2026;35:1021–22. https://doi.org/10.1007/s00787-025-02911-6.

8. The International Association of Child and Adolescent Psychiatry and Allied Professions Helmut. Remschmidt Research Seminars. https://iacapap.org/programmes/helmut-remschmidt-research-seminars.html. Accessed 3 November 2026.
9. Hosoda M, Veenstra-VanderWeele J, Stroeh OM. Gender disparities in the child psychiatry ranks. J Am Acad Child Adolesc Psychiatry. 2021;60:793–5. https://doi.org/10.1016/j.jaac.2021.02.020.
10. Castaldelli-Maia J, Ng RMK, Herrman H, Javed A. WPA global survey on psychiatry in WPA member societies. Asian J Psychiatry. 2025;109:104559. https://doi.org/10.1016/j.ajp.2025.104559.
11. Marchini S, Vidal Adroher C, Alansari S, Turan B, Sulais A, AlDandan F, et al. Stigma and its impact on quality of life among early career mental health professionals. Eur Psychiatry. 2024;67:S56–7. https://doi.org/10.1192/j.eurpsy.2024.165.
12. Calhoun A, Bloch MH, Stubbe D, Leckman JF, Martin A. Integrating clinical and research training in child psychiatry: fifteen-year outcomes of a federally supported program. Child Adolesc Psychiatry Ment Health. 2020;14:21. https://doi.org/10.1186/s13034-020-00328-4.
13. Dervic K, Lenz G, Friedrich MH. Research skills training for child psychiatry residents. Eur Child Adolesc Psychiatry. 2010;19. https://doi.org/10.1007/s00787-009-0078-8. :469 – 70.
14. Revet A, Hebebrand J, Klauser P. (2023). The 2022 ESCAP research academy workshop: new perspectives on eating disorders. Eur Child Adolesc Psychiatry. 2023;32:369 – 70. https://doi.org/10.1007/s00787-022-02051-1
15. Klauser P, Cortese S, Hagstrøm J, Stringaris A, Hebebrand J, Hoekstra PJ, et al. The 2023 ESCAP Research Academy workshop: ADHD and emotional dysregulation. Eur Child Adolesc Psychiatry. 2024;33:633–5. https://doi.org/10.1007/s00787-023-02318-1.
16. Revet A, Bolhuis K, Young H, Danese A, Mansuy IM, Clemens V et al. (2026). The 2025 ESCAP Research Academy workshop: advancing mechanistic insights and early intervention strategies for psychological trauma. Eur Child Adolesc Psychiatry. 2026;35:649 – 51. https://doi.org/10.1007/s00787-025-02907-2
17. Shankar R, Bowater L, Laugharne R, Tracy DK, Critchley H, Young AH, et al. British academic psychiatry at a crossroads: lessons from the past 20 years and priorities for the next 20 years. Int Rev Psychiatry. 2026;38:69–79. https://doi.org/10.1080/09540261.2025.2560038.

Figures

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning: Arrive at central airport Transfer to HRRS venue	Lecture 1	Lecture 3	Lecture 5	Lecture 7	Lecture 9
	Coffee / Tea	Coffee / Tea	Coffee / Tea	Coffee / Tea	Coffee / Tea
	Lecture 2	Lecture 4	Lecture 6	Lecture 8	Final small group session
	Lunch	Lunch	Lunch	Lunch	Lunch
	Small group work	Small group work	Excursion to local landmark	1:1 Mentoring sessions	General discussion, reflection and programme evaluation
Afternoon tea	Afternoon tea	Afternoon tea		Afternoon tea	Afternoon tea
Introductory session	Feedback to other groups and discussion	Feedback to other groups and discussion		Feedback to other groups	**Afternoon: Depart to central airport**
	Group activity	Group activity			
Welcome dinner	Dinner	Dinner	Dinner	Celebration dinner	Mentors' reflection meeting

Figure 1

The overall structure of the HRRS programme

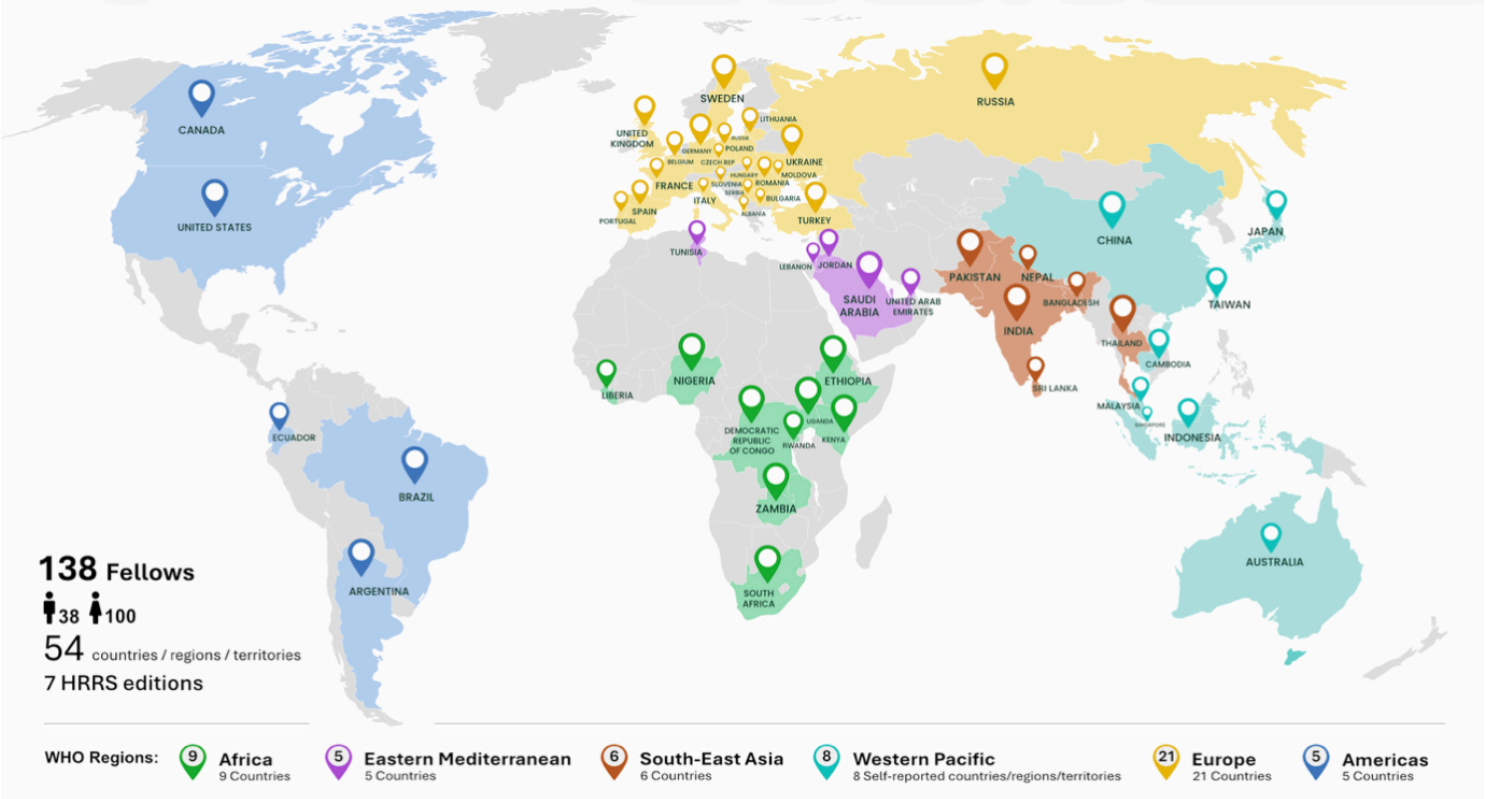


Figure 2

Global map showing the geographic distribution of participants from the last seven editions of the HRRS programme