



World Child & Adolescent Psychiatry

ISSUE 22, September 2022

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: Ukraine 2022

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Chair's Column

Dear Colleagues,

Welcome to the September issue of *World Child and Adolescent Psychiatry*, an official journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA CAP). This issue offers a wide variety of topics. However, the dominant topic is the war in Europe and its effect on child and adolescent mental health. The editorial board has asked the Ukrainian Psychiatric Association (UPA), which is a WPA society member, to provide us with photos that illustrate children's hardship in Ukraine. The UPA Vice President, Prof. Irina Pinchuk, kindly shared with us photos that are very well known in Ukraine. They are taken from the social media account of Mr. Volodymyr Zelenskyj, the President of Ukraine. It is symbolic that Mrs. Olena Zelenska, the First Lady of Ukraine, launched the National Mental Health Program for Ukrainians just a couple of months ago. Mrs. Zelenska has also teamed up with the United Nations Children's Fund (UNICEF) to help protect children's rights and improve education as the war continues.

In this issue, Prof. Bennett Leventhal (USA) dedicates his very popular column to the children of Ukraine. As Dr. Leventhal states, first and foremost, we must keep this war at the forefront of our consciousness.

In this issue, Sara Nicoletti (Italy) reports on the meeting, "*How to Ensure and Promote Mental Health During War: Assessing and Responding to the Impact of Trauma on Child and Adolescent Development.*" The meeting produced the *Warsaw Statement*, which is a guide for the development of strategies to help mental health professionals, institutions and stakeholders to support children and their caregivers in crisis.

World Child and Adolescent Psychiatry's interviews with world leading figures in the area of child mental health is one of the most popular features of our journal. This time, we publish an interview with Professor Myron Belfer, who, over the years, took various leadership posts at Harvard University and served as President of The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Prof. Myron Belfer was the first child and adolescent psychiatrist to work at the World Health Organization's (WHO)



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headquarters in Geneva, Switzerland. It has been almost 20 years since he initiated the WHO Atlas (*Atlas: child and adolescent mental health resources: global concerns: implications for the future*). His critical views and comments today are as sharp as ever. While I do not expect everyone to agree with Prof. Belfer's views, I am sure most will find his thoughts very illuminating.

In this issue of World Child and Adolescent Psychiatry, we continue the tradition of providing reports on child and adolescent psychiatry in various countries and regions, and in this issue, Japan, Israel, Pakistan, Indonesia and India are featured. In this issue, you will also find reports from past significant events and information about upcoming meetings. As it can be seen from Prof. Dimitris Anagnostopoulos' (outgoing ESCAP President) and Dr. Konstantinos Kotsis' paper, the 19th International European Society for Child and Adolescent Psychiatry (ESCAP) Congress was a great success, and we heartily congratulate our colleagues in Europe. We are also very pleased to publish a report on a celebration of Professor Sir Michael Rutter's life and work. Professor Rutter, who died last year, was arguably one of the founders of modern child and adolescent psychiatry, and he left a remarkable legacy of more than 500 publications, 40 books, hundreds of former trainees and mentees, and millions of patients and families who benefitted from his work and wisdom.

Like all previous issues, this issue is a product of teamwork. I would like to thank Deputy Editors Prof. Anthony Guerrero and Dr. Tomoya Hirota, Editorial Team members, and all reviewers for their hard work.

Happy Readings!

Prof. Norbert Skokauskas (Norway)

Editor, *World Child and Adolescent Psychiatry*

Chair, World Psychiatric Association,

Child and Adolescent Psychiatry Section





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There are children in Ukraine!



Prof. Bennett Leventhal (USA)

...the so-called world of adults may understand it, but we children don't. Why is it that countries which we call "strong" are so powerful in creating wars, but are so weak in bringing peace? Why is it that giving guns is so easy, but giving books is so hard? Why is it that making tanks is so easy, but building schools so hard?

---Malala Yousafzai

Thursday, 24 February 2022, Russia invaded Ukraine on yet another day that will live in infamy. This came almost 8 years to the day that Russia invaded and illegally annexed Crimea, a portion of Ukraine. Over the course of more than eight years, thousands of Ukrainians have been killed or wounded, while many more have been displaced from their homes and communities. Yet, despite the many mighty, powerful countries, there is no end in sight for those who suffering.

When it comes to war, in Ukraine, no one suffers more than do the children. In some sense, this is a bit of a tautology, as we are all the children of someone. This means that adults and children in Ukraine, as well as soldiers on all sides are victims of the vanity and politics that cause war. While one can opine or philosophize about the "purpose" of a war, in the end there are winners and losers, but all are victims. This is a lesson that should have been learned over the course of human history. Yet, for some reason, we and our neighbors on this fragile planet, can somehow find a way to create great things like antibiotics and vaccines, incredible art, moon rockets, and smartphones, but we have yet to figure out how to create peace and safety for all.



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Initially, wars of all sorts are overwhelming and confusing, whether it is in Ukraine, Congo, Afghanistan – pick any country, even the US where, apparently, they are killing each other over the right to have guns so they can prevent wars – not working so well, is it? We are not the first generation in which we find ourselves in this position. Sadly, we are not likely to be the last. At this point, it appears that all most of us can do is to simply sigh and shrug our shoulders. But, for many that option is not remotely possible. Certainly, that is the case if you are Ukrainian. Rather than sigh, you are likely to fight or run -either of which may be sensible. But, what about the rest of us? More importantly, what about you?

As we watch the war in Ukraine, or other places in the world, we see crimes that deprive innocent people of their homes and their lives. We have seen hospitals, train stations, grocery stores, parks, and schools bombed with no regard for the safety of innocent, non-combatants in those places. More is lost than the buildings. For many, especially children, the way of life is destroyed. The routines of daily life are essential to healthy development. In the case of Ukraine, just as it was in Syria, Afghanistan, Iraq, Sudan, and other war-torn countries, murder, rape, and torture, as awful, but destruction of the basic elements of daily life and routines disrupts the foundations of healthy development. Trauma and grief are overwhelming for all. Loss of family and friends, by death or dislocation and the lack of daily structure leave children and their families in pain, anguish, and despair. But, the loss of the structure of daily life and a future, takes away their hope.

While it is difficult to rebuild buildings or bring back the dead, is there something that we can do to help our colleagues, friends, family members, and fellow human-beings in Ukraine? While I hope that the answer for each of us is a clear “Yes!”, in our own way, each of us must take on at least of bit of personal responsibility for what can and must be done.

Wars are never won, they just end. While we wait for the end or when the end comes, we must focus our time and attention on the victims. There are always so many victims. It is only persistent, personal acts that will help them find a chance for some form of adaption and recovery. So, what can we do?



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First and foremost, we must keep this war at the forefront of our consciousness and that of the rest of the world. The aggressors must feel the pain of their aggression while the victims need to know that they are not forgotten. Equally importantly, by keeping the horror of the war on our own “front page,” as well as in the media, it forces governments and policy makers to act. It limits the opportunity of excuses and forces events that can impact the players in this deadly struggle – not just the combatants but also those who support and sustain the violence and aggression. It gives permission to isolate the perpetrators and supports those who are willing to face personal hardship in order to limit the resources of the perpetrators of this catastrophe.

Second, eschew war and all forms of violence, openly and fervently. This is not only for us, but for all our fellow citizens of the world. Taking a stand against all forms of violence may seem idealistic and futile, but the “longest journey begins with the first step” and, if each of takes that step, we will be a bit closer to reaching our goal.

Third, provide material support to the victims of this war. This support must truly reflect the needs of those truly in need. That means we cannot sit in our armchairs hundreds or thousands of miles away and decide what they need. We need to ask what is needed. This can take many forms, including money, material, and time. There are certainly NGO's of vary sorts that will be happy to take your support and move it to Ukraine. However, as mental health professionals, we may need to use a bit more energy and be a bit more creative. For those of us who are professionals, we can contact our colleagues in Ukraine, directly if we know them or through the professional societies. We can ask what is needed and provide it. In some instances, this may be direct clinical services and others, it will mean access to clinical training in specialty areas such as trauma-focused treatments.



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Fourth, we must support the re-creating of basic infra-structure to support child health. This includes making sure that children have sanitation and nutrition as well as protection from the elements as winter approaches (e.g., funding for food, clothing, and temporary shelter). It also means providing necessary preventive (e.g., vaccines) and basic therapeutic medicines, as well as basic support for healthcare providers working in these difficult circumstances.

Fifth, it is never too early to restore the basic socioemotional supports to foster healthy child development, even in the face of war. Let us join together in seeking to help schools re-open and have necessary materials for learning and socioemotional development. In these settings there are group-based interventions that foster resilience and help children heal in the face of trauma. Let us not forget the importance of supporting parents and extended families as they do their best to protect their children and promote their child's healthy development. But few parents could ever imagine having to protect their children during war, so we need to create materials that can provide practical guidance and support, along with real-time guidance. We live in a remarkable era in which remote therapies and support can be readily delivered over great distances on simple devices such as smart phones, tablets, and computers. And, anyone can do this remotely.

Sixth, those in leadership positions must create the portals of entry so that each of us has a route by which we can deliver and serve. But, those of us doing our duties must go the extra mile. Find materials in Ukrainian and find friends and colleagues who can help translate materials into Ukrainian so that they are readily accessible to those in need. Equally critically, those of us outside Ukraine need to identify valuable and useful tools that permit remote interactions with colleagues, friends, peers, and families in Ukraine. Through these tools, we can work hard to build the structures necessary get the youth as close as possible to the route toward healthy development.



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Making a list is easy. Doing any of this will be very difficult, but we have no choice but to try. We must try to protect all peoples, especially children and adolescents whose very futures are on the line. Let's commit to do what each of us can to restore even a semblance of order into the lives of the children and families so that they will develop as well as possible and be prepared to do a much better job at keeping the peace. It is important that we repeatedly and forcefully let our Ukrainian friends know that we are out here doing all we can to help. We must show some courage as we work hard to meet our personal responsibility to help these children and families and give them the hope and courage to carry on in the face of a horrible situation and daunting challenges.

We can do this. We must do this. We will do this.



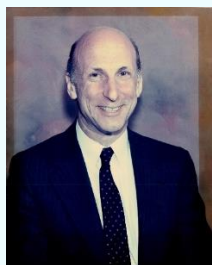
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Interview with Prof. Myron Belfer, Harvard Medical School, Harvard University, Boston, MA, USA

Many thanks for finding time to be interviewed by World Child and Adolescent Psychiatry (WCAP). You have had a remarkable career in child and adolescent psychiatry and global mental health. What achievements are you most proud of?

M.B. I am most proud of the Child and Adolescent Mental Health Services ATLAS produced at the WHO in 2005. I think this set in motion global discussions on child and adolescent mental health resources, barriers to care and gaps in data. Much earlier in my career I was very proud to launch a community-based comprehensive child mental health program in the Massachusetts Mental Health Center catchment area. The array of programs that was supported was impressive by any measure and due to lack of resources is rare to see implemented in these days.

What were the greatest challenges to advancing the child and adolescent mental health agenda globally and locally?

M.B. The greatest challenge is the lack of value placed on children. This may seem strange to say given how parents may dote on children, but politicians and even adult psychiatrists see little value in children as constituents. Adult psychiatrists have too often seen child psychiatrists as a threat to their livelihoods or lack an understanding of child mental health.

What do you think about associations like IACAPAP, AACAP or WPA: are they moving in the right directions?

You have been involved in all of them: what should they do more of and what should they do less of?



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M.B. I actually think that the major child representing organizations are at a crisis point. The influence of big pharma detracted from a nuanced understanding of the needs of children and families. Now with some pull back by big pharma from the child mental health/child psychiatry scene the major organizations have failed to work together or for that matter individually to develop an effective advocacy strategy for child mental health. The advocacy for more child psychiatrists should be a side issue as the goal of a significant increase will not occur due to complex factors of financing, personal choice and stigma. In my time I have seen two or three iterations of the “future of child psychiatry” and they have come to naught.

What would be your advice to a medical student who is thinking about choosing child and adolescent psychiatry?

M.B. Unfortunately, my advice to a medical student interested in child psychiatry outside of being a psychopharmacologist would be to be a behavioral pediatrician and if interested in psychotherapy to become a pediatrician and take courses at a local school of psychoanalysis.

What would be your advice to an earlier career child and adolescent psychiatrist who is choosing between a busy and more financially rewarding clinically focused job and an academic career?

M.B. I think these choices are very personal. Financial needs often dictate the choice. I think today there is less understanding of the rewards of an academic career and too many stories about the challenges.

Recently, in many countries, more and more children and adolescents are referred to child and adolescent mental health services. Why, in your opinion, is this happening, and how we can promote mental well-being in the community?

M.B. I think the upsurge in demand for child mental health services parallels the erosion of the family structure and the weakening of community institutions. Financial pressures on families are greater than ever and parents themselves are lacking in community and family support networks. Substance abuse on the part of parents is also playing a role. Schools have not stepped up to fill the void with some notable exceptions.



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In your clinical career, you work very closely with pediatricians. What are the best memories from your collaborative work?

M.B. I always have enjoyed working with pediatricians and pediatric surgeons. I enjoy the aspect of collaboration that has us working to try to solve a mystery about etiology and exploring non-stigmatizing ways to intervene. I think consultation-liaison psychiatry may be the highest form of child psychiatry work. Ten years of my career was devoted to working with plastic and reconstructive surgeons (I owe my professorship to this work.). We worked with children who had the most severe craniofacial deformities and their families. It was a privilege to play a role in their very difficult lives. I learned a lot from the surgeons and I think they learned a lot from me and my other mental health colleagues.

What are the greatest challenges our specialists will be facing, and what can we do to overcome them?

I think the coming generation of child psychiatrists will run the risk of being marginalized. Being a psychopharmacologist and nothing more is limiting. (The US Army teaches psychopharmacology in six weeks...not 2, 3 or 4 years). How will programs provide a comprehensive experience and training that will allow child psychiatrists to function more broadly? I think national and international organizations can help to retain the specialty of child psychiatry by offering a more comprehensive model of care and showing the relevance of the specialty outside of hospital or office walls. Political and societal engagement is needed.

Prof. Myron Belfer was interviewed by the editors of the World Child and Adolescent Psychiatry



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Infant Psychiatry in Israel



Prof. Miri Keren, Prof. Sam Tyano (Israel)

The understanding that the early years of life have a unique role in human development is now biologically-based. Experiences shape the brain by strengthening, weakening or pruning synapses formed from primarily genetically encoded information. Experiences may form new synapses and/or increase the laying down of myelin and hence the speed of conduction. Repeated experiences increase linkages among neurons and hence form memories. Conversely, toxic substances, stressful experiences, and/or the absence of critical early experiences (such as attachment) may eliminate synapses.

In that sense, one may say that interventions targeted towards improving early childhood experiences are actually interventions at the level of brain development, and the domain of infant mental health may be viewed as a clinical application of the new biology of mind. The detection of risk conditions for the infant's brain development is, therefore, inherent to the profession of infant mental health and is a necessary step for targeting therapeutic interventions. Therapeutic interventions influence brain development both directly, through increasing stimulation that builds up brain structures and strengthens nerve pathways, and indirectly, through improving parental emotional regulation and interactive behavior. It took many years to recognize that infants can and actually do develop symptoms of emotional distress and that very dysfunctional behaviors actually do appear in the first three years of life. In 1996, we created the first outpatient, multidisciplinary, infant mental health clinic for infants and parents. Since then, six additional clinics have been implemented in Israel, and in the last three years, an additional effort has been made to include infant mental health clinicians in the already existing child



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and adolescent outpatient clinics across the country. The range of psychopathology we diagnose and treat is wide, and the therapeutic approach is mainly psychodynamic and interactional with both parents and the infant. Around 300 infants (ranging in age from birth to 3 years old) are referred every year to our Infant Mental Health clinics. The main reasons for referral are pervasive feeding problems, sleep problems, aggressive behavior, anxiety, hyperactivity, communication problems, parental psychopathology, and involvement with foster care. About a quarter of the patients are diagnosed as suffering from neglect and/or abuse. All the cases are diagnosed with the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC 0-5 classification system (2016). At pediatric and well-baby clinics that are public, non-stigmatized, community-based primary care settings where infants get their developmental follow up and immunizations and where early screening and detection of post-partum depression is done, we provide early detection of infants at risk for becoming symptomatic. In 1998, in parallel with our creation of clinical programs for infants and parents, we opened a two-year postgraduate course in Infant Psychiatry at the Tel Aviv University Sackler School of Medicine. In 2020, because of the COVID-19 pandemic, we moved the course to the Bar Ilan University Azrieli Medical School and turned it into a one-year virtual course.

In conclusion, infant psychiatry is a sphere of medicine that integrates and applies knowledge of biological and psychological normal as well as abnormal processes. Emotional and mental health begins in infancy. Normative development at a very young age creates a person with abilities to cope, to adjust to life hassles, and especially to communicate empathetically with others. This process is derailed whenever the infant's environment is dysfunctional. Babies develop symptoms because they understand, feel, and remember. Influenced by characteristics they were born with, they react to their parents' dysfunctional behaviors. Early psychopathology and/or early parent-child relationship problems do not fade away by themselves, and are, more often than not, the basis for later psychopathology seen in child and adolescent psychiatric clinics. Understanding these causes of psychopathology requires, in our view, an obligatory training period in infant psychiatry in the residency curriculum in child and adolescent psychiatry.



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Mental health issues of children and adolescents during the COVID-19 pandemic in Northern Japan



Dr. Masaru Tateno (Japan)

The COVID-19 pandemic has had a profound impact on our daily lives and particularly on the mental health of children and adolescents. In this column, I will report my personal experiences in treating child and adolescent mental health issues during COVID-19 pandemic in Hokkaido, Japan.

Hokkaido is the northernmost island of Japan and the largest in terms of its land mass surrounded by the sea, nearly equivalent in size to all of Ireland. Hokkaido attracts numerous domestic and international tourists to experience its expansive natural beauty and vibrant resorts. The first COVID-19 positive case in Hokkaido was that of a foreign traveler whose infection status was reported in late January, 2020. Then, in mid-February of that same year, the first COVID-19 positive local resident was reported, followed by an explosion of positive cases since then which in Hokkaido's capital city of Sapporo alone has reached nearly 190,000 to date. As of mid-2020, Hokkaido accounted for a quarter of the new positive cases in Japan. Thus, the governor of Hokkaido declared a state of emergency at the end of February, 2020.

March is usually the season for graduation ceremonies, when students celebrate the completion of their six years of elementary school, or three years of junior high, or high school lives. However, in Hokkaido, many students



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were unable to celebrate in person this milestone event with classmates because the local government declared its own state of emergency and closed schools prior to the rest of the country from March, 2020.

In addition, since the new school year traditionally begins in April in Japan, many students expect to start their academic lives around this time. But because schools were closed from mid-April to the end of May, 2020 due to the declaration of a state of national emergency, students had difficulties in meeting with their old friends, or developing nascent relationships in person. In particular, university students had to study remotely via the Internet for an extended period of time. As a result, in addition to the loss of studying collectively in classrooms, they were unable to engage in activities that had previously been the norm, such as part-time jobs and various club activities. Undoubtedly, these experiences were common to students throughout much of the world.

In my personal experience as a clinician, the most severe case was a boy with ADHD, now 9 years old. Informed consent was obtained to describe this case vignette. He was living with his father alone after his parent's divorce, and there were no other relatives around him to provide support for him in this single-parent family. He had been treated at my outpatient clinic with a diagnosis of ADHD since the age of 4. In the spring of 2020, when he entered elementary school, the COVID-19 pandemic was already upon us. Unfortunately, his school was closed soon after what should have been the start of a new life. In fact, he was able to attend school only for just a few days, and during that brief interval developed severe anxiety resulting from a strong fear of infection. He was unable to touch classroom doors or any school equipment due to his fear that there were many things contaminated with COVID-19. He quickly began to avoid going to school. And although teachers visited him at home, he refused to see them because he was afraid that they too might have COVID-19. In addition, he displayed separation anxiety and did not want his father to go shopping far very from home. As a result, he and his father began to customarily eat lunch boxes from a small convenience store within walking distance. The severity of the boy's condition meant that his father could not go out to work and had to spend all day at home with his son. Whenever his father did go out, even for a short period, he required his father to wash his hands thoroughly and disinfect them with alcohol afterwards. We had multi-disciplinary meetings for case conferences where invited



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teachers, public health nurses, social workers, child guidance center representatives, and medical professionals including me were in attendance. Our team supported his family via tele-consultations, regular visits by school staff, and health check-ups by visiting nurses. He was able to attend school several times once the number of new COVID-19 positive cases decreased. But after the Omicron strain became so prevalent among younger people, including elementary and middle school students, his fear of infection substantially increased again. Unfortunately, there were positive cases at his school, and he once more became unable to attend school. Now when it has already been two-and-a-half years since the COVID-19 pandemic with varying levels of severity, this boy remains mostly at home doing minor amounts of online studies, and continuing with tele-consultations with me along with the afore-mentioned home visits.

Moving on, my main clinical interests during the era of this pandemic and before, have been gaming disorder, Hikikomori (severe social withdrawal), and gender dysphoria. I will note briefly here on these three topics as they relate to the COVID-19 pandemic. In Japan, gaming disorder among children has been a serious problem since well before the COVID-19 pandemic. But as a result of school closures and other local restrictions, children have been spending even more time gaming. Some children have become truly addicted to gaming and their sleep-wake cycles were, and are, commensurately disturbed. It is well known that gaming disorder is common among male adolescents and children. However, during the school closure period, even among young females in the early grades of elementary school, excessive gaming was being observed. One of the reasons was the release of Nintendo's "Atsumare Dobutsu no Mori" (Animal Crossing) in Japan in late March, 2020, when schools were necessarily closed and children were prohibited even from going out to play in Hokkaido. The time spent on gaming significantly increased at that time in both male and females. Some parents were very anxious about their children who were spending increasing amounts of time gaming day after day. But, fortunately, most of the females in this category quit gaming once school resumed.

Hikikomori, a label characterized by severe social withdrawal, is a major problem in Japan which crosses socio-economic statuses. The incidence of school refusal/absenteeism is reported to be 4.1% in 2020 among junior high school students in Japan. Some of them want to go to school but cannot for unknown reasons. They may also feel



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guilty about staying home. However, the COVID-19 pandemic made it an acceptable thing to stay at home throughout the day, thereby relieving some of their guilt. In reality, some of the students with school refusal/absenteeism characteristics appeared to be more comfortable than usual during the school closure period. Unfortunately, many of them have not been able to return to school even after conditions improved and classes resumed. However, due to the increasingly widespread availability of online classes through the COVID-19 pandemic, some children with school refusal/absenteeism have been able to attend online classes without having to experience the earlier fear of going to school.

In Japan, students are generally requested to wear school uniforms when they enter junior high school. Males wear pants and females wear skirts. For children with gender dysphoria, wearing a uniform of the opposite gender is a source of great distress. Because the uniform is like a suit, they have to change into jerseys for physical education class. However, under the COVID-19 pandemic conditions, it was forbidden to have large groups of people in the locker room in close quarters. In addition, since jerseys are easier to wash at home than school uniforms, the students were instructed to wear jerseys to school on a regular basis for hygienic reasons as well. As a result, junior high school students with gender dysphoria were happy to have fewer opportunities to feel the pain of being at school. It has been reported that swimming classes and study tours with overnight stays are painful events for students with gender dysphoria because they make such students sharply aware of their assigned gender. These types of school events were also cancelled in order to prevent COVID-19 infection, perhaps lessening the discomfort for some of those in this category.

In this column, I have only discussed my personal experiences and topics of my professional interest. In Japan, as in other countries, the number of children suffering from depression, anxiety, and other mental health issues caused by the COVID-19 pandemic has been increasing as we all know, and as has been widely reported in the media. Some parents have lost their jobs and are feeling strong uncertainty about the future. As a result, child abuse has become a significant problem in some families in Japan too. An increase of cases in children with eating disorders has also been reported. We child psychiatrists have to continuously increase our efforts in providing for children's mental health during these evermore stressful times.



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Psychiatry Wellness Program in Lahore, Pakistan

Prof. Nazish Imran (Pakistan)

Psychiatry Wellness Programme recently organized a full day comprehensive workshop in Lahore, Pakistan. This workshop focused on the theme of “*Worried Child: From surviving to thriving*”: Recognizing and treating the Anxiety Disorders in Children and Adolescents. Prof. Dr. Nazish Imran, from the Child & Family Psychiatry Department, King Edward Medical University/Mayo Hospital, Lahore, Pakistan, and Dr Muhammad Zeshan, Assistant Professor of Psychiatry at Rutgers New Jersey Medical School, New Jersey, USA were the facilitators. Dr. Zeshan is a Diplomate of the American Board of Psychiatry and Neurology and completed a child & adolescent psychiatry fellowship at Harvard University as well as an infant psychiatry fellowship. The activity was accredited by the University of Health sciences. Participants, including psychiatrists, psychologists, and school administrators and teachers, came from different cities.

The presenters highlighted that anxiety disorders in childhood and adolescence are extremely common and are often associated with lifelong psychiatric disturbance. They typically have an adverse impact on educational achievement, family life and leisure activities; and they often co-occur with other anxiety disorders, depression and other behavioural disorders. The workshop covered, in detail, various topics, including: Overview of clinical Presentation of various Anxiety disorders in Children & Adolescents, Assessment of a child with Anxiety Disorders, Case formulations and setting goals in therapy, and Interventions (Pharmacological & Non-Pharmacological). The presentations also emphasized the Coping Cat manualized cognitive-behavioral intervention. The facilitators emphasized that young people with anxiety disorders are unlikely to present for help independently, as parents are commonly the ones who raise concerns to general practitioners and mental health professionals. The challenge in assessing for the presence of anxiety disorders is distinguishing pathology from normal, developmentally appropriate fears and worries. Professor Imran Ijaz Haider thanked all the participants for making the workshop a success through their active engagement throughout the workshop.



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Unbearable Distress of Being Social Isolated during COVID-19 Pandemic among Adolescents in Indonesia



Dr. Tjhin Wiguna (Indonesia)

The COVID-19 pandemic has been an upsetting situation all around the world. In Indonesia, it is estimated more than six million cases were found and around 150 thousand deaths occurred from early 2020 until today. People including children and adolescents are facing difficult periods with fears, worries, depression, and various other psychosocial problems. The Indonesian government has implemented social distancing policies, stay at home policies, including the closure of schools, offices, and other public places as a response to the pandemic specially to reduce viral transmission among people and students from April 2020 until early 2022. Because most schools are closed, students had to study from home. However, the home-based distance learning programs for students have not been standardized in Indonesia, especially during the early pandemic period, and it possibly triggered anxiety, doubt, and frustration. Moreover, social media and news provided chaotic information on the COVID-19 pandemic during the first and second phases of the pandemic, which led to helplessness, hopelessness, and psychosocial crisis for Indonesian individuals. These conditions negatively influenced adolescents' emotional states. Thus, it might increase psychosocial conflicts due to the contagion of negative emotions that easily percolated among family members.

Adolescence is a turmoil period in which the physical (biological) and psychosocial development expands significantly and interactively. The prefrontal cortex during this period has not fully developed, thus adolescents



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have not gained optimal decision-making skills, impulse control, and executive function. Meanwhile, adolescents need to seek out their peer groups to further define themselves as individuals entering adulthood. The sense to search for their own identity is very clear during these developmental periods, and they are more intense in expressing who they are. A sense of belonging is also one of several other adolescents' characteristics; therefore, it is common to witness adolescents' solidarity with their peers.

Adolescence is also a critical period where experimental behaviors may become more obvious compared to other developmental stages. The psychodynamic interactions of their peer group members and surroundings are very strong in forming their sense of self and defining who they are and who they want to be. Guerra & Bradshaw (2008) mentioned that adolescents are more self-aware and self-conscious, hence they may easily engage either in risk-taking or experimental positive behaviors particularly when encouraged to do so by peers. Thus, social conforming plays an important role during this period but the COVID-19 pandemic appeared, and social distancing changed social interactions.

Furthermore, several studies showed that school closures due to social and physical distancing influenced adolescents' mental and psychosocial well-being respectively. The Indonesian study on adolescents' mental well-being during the COVID-19 pandemic showed that 30.8% of participants (464 adolescents) were at risk for emotional problems, 17.2% at risk for conduct behaviors, 13.1% at risk for prosocial behavior problems, and 95.3% at risk for mild to severe stress. The study also revealed that emotional problems significantly positively correlated with disordered conduct ($r=0.51$), stress ($r=0.76$), abuse ($r=0.42$), cyberbullying ($r=0.22$), self-harming behavior ($r=0.45$), duration of smartphone use ($r=0.2$), but it was negatively significantly negatively correlated with duration of TV watching ($r=-0.13$). The stress scale was also significantly correlated with disordered conduct ($r=0.52$), abuse ($r=0.41$), cyberbullying ($r=0.23$), self-harming behavior ($r=0.47$), and duration of smartphone use ($r=0.22$). Stress was also a significant full mediating factor of screen time and a partial mediating factor of cyberbullying and abuse in the relationship with adolescent non-suicidal self-injury (NSSI). Furthermore,



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cyberbullying, screen time and abuse with the mediating effect of stress explained 48% of the variance in adolescent NSSI.

In general, the influence of the COVID-19 pandemic among adolescents in Indonesia is tremendous and brings serious concerns about their mental health. Hence, specific adolescent mental health promotion and prevention programs should be developed not only in this challenging time but also shortly thereafter to enhance the developmental milestones. Before the COVID-19 pandemic, adolescent mental health programs are usually delivered at schools because adolescents spend most of their time at school. However, during the pandemic period, this program may be carried out online. Thus, adolescent mental health intervention programs can be designed to promote effective coping strategies specially to handle stress during the COVID-19 pandemic, such as active solution-orientation, stress resolution, conflict with stress, mindfulness, and positive attitude to ensure adequate emotional coping and adjustment.

References available on request



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IACAM Academy: One-year Certificate Course in Child and Adolescent Psychiatry (CAP) for General Psychiatrists in India

Prof. Savita Malhotra (India)

Lack of trained manpower and lack of training facilities are major barriers in delivering mental health care to children and adolescents in many parts of the world, including India. Establishing advanced child and adolescent psychiatry (CAP) training centers requires resource-intensive investment and planning. It is also a slow process with a long gestation period. Meanwhile, the mental health needs of children and adolescents cannot wait, and care must be delivered promptly.

India has about 1.42 billion people, of which more than 50% are below 25 years of age. There are only about 100-150 trained child psychiatrists, each serving a population of approximately 5 million children and adolescents.

The Indian Association for Child and Adolescent Mental Health started an online one-year certificate course in Child and Adolescent Psychiatry for general psychiatrists in India on 7th August 2021. This endeavor was necessitated by the reality of an acute shortage of child and adolescent psychiatrists in India. Most children and adolescents in need of psychiatric care are compelled to go to general adult psychiatrists, who have very limited or no training in CAP due to lack of such training facilities at most centers. Specialized training in child and adolescent psychiatry is available only in less than a dozen centers in India. Therefore, it was expedient to bolster the training of general psychiatrists in CAP in a logistically convenient and time efficient manner. This acute shortage was the primary reason and motivation to start this course under the aegis of the Indian Association for Child and Adolescent Mental Health.

The course consists of 25 two-hour teaching sessions, divided into four modules of teaching, conducted on alternate weeks. Teaching consists of didactic lectures, case-based discussions, group discussions, feedback and clinical case scenarios. At the end of each module, there are periodic evaluations, including short questions and



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clinical assignments. Marks and attendance count towards successful completion of the course and for eligibility for certification.

General psychiatrists are already well versed in the theory and principles of practice of psychiatry. 200 participants, who are qualified psychiatrists, were enrolled in two batches of 100 each. The first batch completed the course in June 2022, and the second batch will complete the course in October 2022. Teaching faculty are derived from the best talent pool available and are known nationally and internationally. We have received excellent feedback from participants, which is very heartening.

It is our endeavor to offer this course every year. It has turned out to be hugely popular Course.

Delivery of CAP services through general psychiatrists who are interested in training in CAP has been a major innovative step. One year gives a comprehensive exposure to the most commonly seen childhood conditions and clinical scenarios. It is our hope that this effort will make a positive difference in the delivery of CAP services across the country.

WPA can take up such courses in resource deficient nations throughout the world.



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Sara Nicoletti (Italy)

Introduction to the Warsaw Statement

As the crisis in Ukraine aggravates and persists, millions of children and adolescents are constantly being subjected to serious human rights violations, not only related to the physical sphere, but also to the psycho-social and educational one. Ukrainian children are facing an emergency that will have long-term consequences on their cognitive and behavioral development. For this reason, Fondazione Child, in collaboration with Telefono Azzurro and the World Psychiatric Association organized a conference on May 27-28 in Warsaw. The focus of the event was to ensure that children's rights are always protected and guaranteed, even in emergency settings.

The conference "*How to Ensure and Promote Mental Health During War: Assessing and Responding to the Impact of Trauma on Child and Adolescent Development*" gathered mental health professionals, academics, policymakers, civil society organization, clergy, and private sector representatives and resulted in an urgent call for global action to support Ukraine in addressing the mental health needs of children in times of war.

On that occasion, the *Warsaw Statement* was promoted and disseminated with the aim of creating a joint action to concretely respond to the mental health needs of Ukrainian children and their caregivers at the international level. Such an emergency situation requires immediate and precise solutions, and the common goal must be to protect the rights of every child and adolescent.



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The *Warsaw Statement*, aims to establish a coordinated network that can implement actions to protect children and adolescents not only in the current crisis but also in future and new emergencies. The drafting of the 10 Action Points is intended as a guide for the development of strategies that can guide the strategies of mental health professionals, institutions and stakeholders to ensure support for children and their caregivers who find themselves in crisis contexts.

In the light of this, the “*From Warsaw to Rome*” process has been launched, with the objective of organizing an update conference in Rome in the fall of 2022 with the involvement of senior international representatives. The event will aim to finalize an international action plan and a roadmap in response to the growing crisis related to child and adolescent mental health, with a particular focus on Ukraine.



Photo Credit: Ukraine 2022



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A Call for Global Action Addressing the Mental Health Needs of Children in Times of War (*Warsaw Statement*)

Warsaw, Poland, 28 May 2022

On 19 May 2022, Ukraine's First Lady, Olena Zelenska, expressed the urgency to address the psychological needs of Ukrainians affected by war, especially youth. In announcing the national mental health program she said: "We want to do this with you based on your best experience." The Ukrainian First Lady's call did not go unheard.

The Warsaw Conference, "How to Ensure and Promote Mental Health During War: Assessing and Responding to the Impact of Trauma on Child and Adolescent Development", organized by the Foundation Child and Telefono Azzurro, with support of the Italian Government and the World Psychiatric Association, gathered mental health professionals, academics, policymakers, civil society organization, clergy, and private sector representatives. The conference resulted in an urgent call for action to support Ukraine in addressing mental health needs of their children. In her welcoming remarks Poland's First Lady, Agata Kornhauser-Duda said: "We cannot let this evil leave a long lasting destructive mark on the mental conditions of the weakest and most defenseless victims of the war ."

The Russian war against Ukraine targets children; millions of children have fled or have been internally displaced or deported. Tragically, many of them are unaccompanied, while most have already been traumatized by the horrors of war, including loss of their parents, bombing, sirens, fleeing for their lives, living in bomb shelters, being shot or raped. Poland, and other border countries, have been very generous in their response to this crisis. Our joint task is to add to these efforts by supporting institutions, strengthen services, and allocate resources to urgently address the child and adolescent mental health needs in Ukraine and the countries hosting Ukrainian refugees.



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Much has been done. But, with more work ahead, we will help build a broad-based and participatory network to safeguard the mental health, and futures, of children in Europe and throughout the world. Sensitive to context and culture, the network will promote action by child and adolescent mental health professionals, and relevant policymakers who will help develop policies and initiatives tailored to the unique needs of traumatized children and families. This must be done with the greatest respect for the cultural differences and the unique needs of each child. Planning and implementation must begin now, sustained by a network with expertise in child and adolescent mental health and trauma. The rights of children must be guaranteed also in time of crisis, when children must be treated with dignity, heard, informed, and involved in shaping their futures. Ukrainian and Polish colleagues are at the forefront of this collaborative initiative. They shared first-hand accounts, the existing efforts, and the consequent needs. These include connecting and cooperating with Ukrainian authorities, its mental health community and its civil society, with ongoing guidance from Ukrainians who generously recognize that innovation and success in Ukraine benefit the rest of the world's children survivors of war.

The Conference, followed by an expert workshop on 28 May, included extraordinary participation of many experts and leaders in the international mental health community, as well as Ukrainian and Polish colleagues, formed a significant starting point, with a credible scientific base for the process that will move from words to actions.



Photo Credit: Ukraine 2022



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Recommendations for Action (*Warsaw Statement*)

Participants to the Warsaw Conference will take the following steps to address the immediate and long-term urgent and expanding mental health needs of children, adolescents, and their families:

1. Broadly share their knowledge and best practices for serving children and adolescents victims of war, with training and supervision for Ukrainian and Polish mental health care givers.
2. Reach out to the scientific, governmental and non-governmental community, starting in Ukraine, to develop strategies and actions for assisting war victims, including to build long-term resilience.
3. Develop strategies to provide a continuous flow of public and private essential mental health resources.
4. Create an international youth mental health crisis awareness campaign, starting with Ukraine.
5. Create a user-friendly, freely available repository of resources, including scientific materials, psychoeducational resources for children, parents, and caregivers who are coping with post traumatic stress.
6. Engage with the tech and social media community to optimize opportunities for the dissemination of information and services, digitally and in-print, building on existing initiatives.
7. Make mental health care more broadly accessible by optimizing the use of innovative tools and on-line information and service delivery, as well as working with tech companies and clinical innovators to promptly develop new tools for delivery of mental health training and mentoring, using the metaverse, machine learning, artificial intelligence and other technologies, via tablet, smartphone, and the web.
8. develop a scalable plan for expanding community-based, high quality mental health services by training mental health professionals, as well as family doctors, social workers, nurses, teachers and volunteers, on the use of available, evidence-based mental health prevention, screening/assessment, early intervention, and treatment.
9. Initiate high quality research programs to rapidly develop novel evidence-based interventions that are culturally sensitive and provided in multiple languages.
10. Create a 24/7 help line for mental health and trauma available for Ukrainian youth in and outside Ukraine, in cooperation with Ukrainian relevant counterparts.

Children are our present and our future. We cannot allow a lost generation.

We must do more, faster, and better to invest in their mental health.



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The 19th International European Society for Child and Adolescent Psychiatry Congress

Dr. Konstantinos Kotsis (Greece), Prof. Dimitris Anagnostopoulos (Greece),

After the 2021 postponement due to the pandemic and after two and a half years of virtual meetings, it was a great pleasure to finally host the 19th International Congress of the European Society for Child and Adolescent Psychiatry (ESCAP) in person. The congress took place in the lovely city of Maastricht, in the Netherlands, in collaboration with the Dutch Association for Psychiatry, Faculty of Child and Adolescent Psychiatry (NVvP). Over 900 child and adolescent psychiatrists and allied professionals attended the three full-day event from the 19th to 21st June at the MEEC Maastricht.

The congress under the theme “Networks in Child and Adolescent Psychiatry”, hosted 5 keynote presentations, 11 State of the Art speakers, 7 workshops, a policy debate, 89 parallel sessions and over 200 posters.

Scientific Highlights

During the opening ceremony, attendants heard the beautiful voice of Emma Kok, winner of the The Voice Kids 2021 in the Netherlands, who sang "Let me be a butterfly to fly away from my anger and sadness". On the first day Professor Bernadka Dubicka introduced participants to Policy, Politics and Youth Mental Health, followed by Dr. Gabrielle Carlson who presented the most up-to-date data for irritability, outburst, and emotion dysregulation. Finally, the policy debate took place with the active participation and involvement of youth, who in this special session shared their views and experience with the professionals.

Day 2 started with a keynote lecture by Professor Marit Sijbrandij on “Addressing trauma and adversity in children and adolescents in global settings” followed by the afternoon Keynote Speaker, Professor Bruno Falissard who presented on “Did we take the right train in promoting the concept of 'Neurodevelopmental disorders'?”. Day 3 continued with state-of-the-art speakers, excellent presentations and symposia and the poster prize overall winner. Every day the high-quality posters were presented, and the daily winners were: on Sunday:



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Astrid Braeden and colleagues "Do children with disruptive mood dysregulation disorder show executive dysfunction? Preliminary findings", on Monday Dogukan Koc and colleagues "Association between thyroid autoimmunity and antidepressant treatment-emergent mania in pediatric mood disorders", and the Tuesday and overall winner was Sara Kaubish and colleagues with their work on "Evaluating the efficacy and acceptability of the website "ich-bin-alles" to improve depression literacy in adolescents: randomized controlled trial".

At the closing ceremony, the Danish Local Organising Committee took to the stage to introduce Copenhagen 2023. Usually, our ESCAP meetings take place every two years, but due to Covid, Maastricht had to be postponed but we're keeping on track of our original schedule and are planning the next congress in a year.

ESCAP Board and General Assembly

After only online meetings for two years, the ESCAP Board meeting met face-to-face again and discussed current and future projects.

With great active participation of our National Society members and two potential new members (Luxembourg and North Macedonia) the ESCAP General Assembly took place at the MEEC Maastricht. ESCAP activities were presented to our members and it was voted that the ESCAP 2027 congress will take place in Athens, Greece.



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Research Academy

As in every ESCAP Congress, since 2015, 2 days prior to the congress, Johannes Hebebrand, Paul Klauser and Alexis Revet hosted the Research Academy. This year's theme was dedicated to eating disorders with the title: "New perspectives for research and clinical practice in eating disorders". 18 participants from 12 countries were selected and each presented themselves and their research topics, followed by four expert presentations and then group project work was done. There is also talk of a follow-up project where all the group members will participate in a European project.



Social Events

The organizers chose the stunning venue of the St Gerlach Chateau where over 250 people enjoyed the congress dinner.



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Professor Sir Michael Rutter, Memorial Symposium

27 June 2022

Bush House, King's College, London

At Bush House, an appropriately warm, bright, and sunny day, 27 June 2022, family, friends, and colleagues gather to celebrate the life and work of Professor Sir Michael Rutter. Professor Rutter, arguably the founders of modern child and adolescent psychiatry had succumbed to cancer on 23 October 2021 at the age of 88 years. However, he left a remarkable legacy of more than 500 publications, 40 books, hundreds of trainees, and millions of patients and families who benefitted from his work and wisdom. With a sense of awe and keen awareness of the magnitude of our loss, symposium attendees reveled in stories about Professor Rutter and his work as reflected in multiple presentations that featured careful reflections, fond memories, a few smiles and laughs, some tear, and outright appreciation for the privilege of having Professor Rutter as part of their professional and personal lives.

It is important to note that this was a formal event in a formal setting. In this context, each speaker tried to refer to subject of this memorial as Professor Rutter, Professor Michael Rutter, or Professor Sir Michael Rutter. But none could carry on with this formality for more than a few sentences as they quickly switched to personal reflections on "Mike." This not only reflected the deep personal connects that each of the speakers had with Mike Rutter, but also how Mike would have preferred to be addressed. In the final analysis, Mike, despite his grit, determination, and competitiveness, he was a humble man who preferred to work hard with his colleagues rather than be the object of deference or honor.

Professor Rutter was committed to applying rigorous scientific methods to studying child development and psychiatric disorders. He set the standard for work in the field which will continue to provide a solid foundation for the coming generations of clinicians and scientists. The symposium was a stunning event that captured a concise overview of Professor Rutter's life and work.



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The symposium began with greetings from Professor Shitij Kapur, President and Principal of King's College London. This was followed by commentaries offered by Professor Miranda Wolpert, Director of Mental Health at the Wellcome Trust where Professor Rutter served in several advisory capacities for several decades. Professor Elaine Lockhart, Chair of the Royal College of Psychiatrists' Child and Adolescent Psychiatry Faculty, who shared Mike's commitment to the growth of the discipline and the College. Professor Warren Ng, President of the American Academy of Child and Adolescent Psychiatry (AACAP) offered recollections of Mike's many contributions to AACAP and Child and Adolescent Psychiatry in the US. Closing this portion of the program, Professor Gordana Milavic, Chair of the Association for Child and Adolescent Mental Health (ACAMH), reflected on Mike's role as clinician, educator, scientist, and advocate for child and adolescent mental health.

The balance of the symposium addressed Professor Rutter's manifold contributions to the fields of child and adolescent mental health and developmental psychopathology.

Autism

- Patricia Howlin - Emeritus Professor of Clinical Child Psychology, King's College London
- Catherine Lord - George Tarjan distinguished Professor of Psychiatry & Education at University of California

Childhood Adversity and Adoption Studies

- Edmund Sonuga-Barke - Professor of Developmental Psychology, Psychiatry & Neuroscience, King's College London
- Charles A. Nelson III - Professor of Paediatrics & Neuroscience, Harvard Medical School

Childhood Adversity Measurement

- Andrea Danese - Professor of Child & Adolescent Psychiatry, King's College London
- David Reiss - Professor of Clinical Child Psychiatry, Yale School of Medicine



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Study Design and Causal Inference

- Andrew Pickles - Professor of Biostatistics, King's College London
- Anita Thapar - Professor/Lead of Child and Adolescent Psychiatry, Wolfson Centre for Young People's Mental Health, Cardiff University

Longitudinal Studies

- Barbara Maughan – Professor of Developmental Epidemiology, King's College London
- Terrie E Moffitt - Nannerl O Keohane University Professor, Duke University & Professor of Social Development, King's College London
- Avshalom Caspi - Edward M. Arnett Professor of Psychology & Neuroscience, Duke University & Professor of Personality Development, King's College London

Continuity in Psychopathology

- Stephan Collishaw - Professor, Wolfson Centre for Young People's Mental Health, Cardiff University
- Rudolf Uher - Professor, Canada Research Chair in Early Intervention in Psychiatry, Dalhousie University

Gene and Environment Interplay

- Sara Jaffee - Professor of Developmental Psychology, University of Pennsylvania

Impact of Research on Policy and Charities

- Sir Michael Marmot - Professor & Director, UCL Institute of Health Equity
- Sharon Witherspoon - Head of Policy at the Academy of Social Sciences
- Carol Homden - Group Chief Executive, Coram



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Touching People's Lives

- *Dame Stephanie Shirley CH* - Venture Philanthropist
- *Ionica Adriana* - English-Romanian Adoptee Study
- *Caroline Elton* - Associate Professor in Medical Education, Norwich Medical School
- *Corinne Gregory* - Adoptive Mother, English-Romanian Adoptees Study participant (written contribution read by Jana Kreppner, Associate Professor in Developmental Psychopathology, Southampton University)

Clinical Practice

- *Stephen Scott* - Professor of Child Health & Behaviour, King's College London
- *William Yule* - Emeritus Professor of Applied Child Psychology, King's College London
- *Philip Graham* - Emeritus Professor of Child Psychiatry, University College, London

The Next Generation of Practitioners

- *Dennis Ougrin* - Professor of Child & Adolescent Psychiatry & Global Mental Health, Queen Mary University of London

National and International Impact

- *Alan Stein* - Professor of Child & Adolescent Psychiatry, University of Oxford
- *Bennett L. Leventhal* - Emeritus Irving B. Harris Professor of Child & Adolescent Psychiatry, University of Chicago
- *W. Thomas Boyce* - Distinguished Emeritus Professor of Paediatrics & Psychiatry, University of California

Impact Closer to Home - The Institute of Psychiatry, Psychology & Neuroscience

- *Robert Plomin* - Professor of Behavioural Genetics, King's College London
- *Emily Simonoff* - Professor of Child & Adolescent Psychiatry & Head of Department, King's College London



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In addition to the formal presentations, there was a video of an interview with Marjorie Rutter, Mike's wife and long-time collaborator. A nurse with diverse interest and skills, Marjorie reflected on their years together while demonstrating their powerful and enduring partnership. This interview was at once impressive and moving.

Amongst the more than 250 attendees at the symposium were colleagues, friends, patients, students and other who joined the remembrance with their own stories and memories. Very special attendees included Mike's wonderful children and grandchildren, along with other family members. They listened and shared their own stories about Mike and their lives with him.

This was a remarkable event as it reflected an amazing assembly of distinguished individuals who were fortunate to share in Mike's greatness and are committed to his legacy and impeccable work, as well as his devotion to listening to children and learning from them. It was a day for contemplation and consideration during which we laughed and we cried as we remembered Mike and his life well lived.



This paper was prepared by friends and colleagues of Michael Rutter.



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The First International Scientific and Methodological Forum, «PSYCHOLOGICAL TRAUMA OF WAR»

Warsaw, September 12, 2022

The First Scientific and Methodological Forum "Psychological Trauma of War" will be convened, in Warsaw, Poland, on 12 September 2022, by a group of leading associations, including the Association of Psychiatrists of Ukraine, the Federation Global Initiative In Psychiatry, the Ukrainian League against Epilepsy, the Israeli Medical Mission in Ukraine, the Ukrainian Psychosocial Organisation (UPS0), the International Charitable Organization "Peace Committee," the Charitable Foundation for Research Innovations in Medicine (RIMON), along with the support of Senate of the Republic of Poland, and embassies multiple countries.

The impetus for this extraordinary meeting comes from the consequences of military operations in Ukraine which sociologists and psychologists have observed a substantial and steady increase in the manifestations of psychological stress among the population of Ukraine. Undoubtedly, this is a natural reaction to the burdens of exposure to military operations as well as problems related to the experiences of war.

Based on broad clinical experience, including ours, it is increasingly evident that the destructive effects of the war and associated violence is having a profound, adverse effect on the emotional state of the vast majority of Ukrainians. We have witnessed massive increased manifestations of maladjustment, post-traumatic syndrome, depression, and anxiety, along with a steady increase in social aggression, apathy, and hopelessness. These symptoms are on a large scale and appear to be a direct consequence of the social disruptions generated by the aggression against Ukraine.

It is increasingly evident that a significant portion of the Ukrainian population cannot cope with this accumulating stress on their own, and, the situation is worsened by the loss, social isolation and mental trauma resulting from the pandemic and the economic crisis associated with the fight against COVID-19. Taken together, this has left the Ukrainian population with an extremely high degree of uncertainty and a feeling of powerlessness as they try to solve urgent problems in their daily lives. The accumulating effects of the continued violence, aggression, and



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hatred directed at the Ukrainian people is increasing jeopardy, both for the mental health of the nation, in general, and for the specific manifestations of psychiatric disorders in individual individuals.

The lack of a clear vision for the future, multiplied by socio-economic instability, and a huge number of people wounded and traumatized by the war, creates an explosive mixture. All these destructive factors cause further worsening of the psychological state of Ukrainian society as well as adverse individual outcomes such as passivity, anxiety, fear, and aggression. The time has come to address these problems and address the psychological state of people and try to correct the overwhelmingly negative emotions that pervade Ukrainian society.

Scientists, practitioners, and experts in the mental health area need to develop effective practices that will allow damaged individuals cope with these large-scale challenges. We need to identify and implement a comprehensive multidisciplinary approach that will allow us to deal with the consequences of post-traumatic syndrome in a post-war society. In our opinion, it is based on the following individual principles:

1. Develop a full-scale ability to provide comprehensive psychological support while addressing the stigma associated with specialists and care of society for referral to specialists in the mental health area.
2. Train opinion leaders and heads of social institutes on the methods for psychological prevention of the manifestation of post-traumatic syndrome.
3. Reduce the negative informational impact of war on society, using informational methods to preserve.
4. Work with mass media to promote positive images and examples of social responsibility and mutual assistance in these most difficult conditions.
5. Provide emergency therapy of pathological consequences of trauma followed by manifestations with their further support and treatments, based on evidence-based practices.

These measures are a starting point that, in the shortest possible time, will allow for reduction of the adverse consequences of the psychological overload facing Ukrainian society, objectively caused by the aggression against our country.



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This event will take advantage of the multifaceted experience of the participants and use the information to develop unified approaches to solving the problems of global overload of the psycho-emotional functioning in community-based, representative portions of Ukrainian society, objectively caused by aggression against Ukraine. We expect that in the course of a professional discussion, scientists, specialists, and experts will offer Ukraine, and foreign partners real ways to eliminate the most acute psychological crisis in which Ukraine found itself as a result of Russian aggression.



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ESCAP

BUPDK

20th International Congress of the European Society for Child and Adolescent Psychiatry.
29 JUNE - 1 JULY, 2023, COPENHAGEN
Next Generation Europe – a balancing act between clinical, research and political demands



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05 - 09 DECEMBER 2022
DUBAI | UNITED ARAB EMIRATES

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FEATURED SPEAKERS



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



PROF. BENNET L. LEVENTHAL
Professor of Child and Adolescent Psychiatry, Emeritus, The University of Chicago



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



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



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



PROF. DANIEL FUNG
Chief Executive Officer - Institute of Mental Health, Singapore
President IACAPAP



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



PROF. HELEN EGGER MD
Co-founder and Chief Medical & Scientific Officer
Little Otter



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



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

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PROGRAM KEY TOPICS

- ADHD
- Autism Spectrum Disorders
- Availability of Mental Health Services, access to care and barriers
- Child Abuse, Bullying, Child Protection
- Developmental Disorders
- Education, Free Time Activities, Lifestyle of Children & Adolescents
- Enhancing capacity and training programs in Child & Adolescent Psychiatry
- Epidemiology & Public Health in Child & Adolescent Psychiatry
- Inpatient Care
- Mental Health Promotion & Education
- Neurology and Child & Adolescent Mental Health
- Parenting, Attachment
- Pharmacotherapy
- Prevention & Enhancing Mental Wellbeing
- Psychotherapy
- Self-Harm Behavior, Suicidality and its prevention

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