World Child & Adolescent **Psychiatry** ISSUE 23, December 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

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Chair's Column

Dear Colleagues,

Welcome to the December issue of *World Child and Adolescent Psychiatry,* an official journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA CAP). This issue focuses on divorce and important topics.

First, Prof. Bennet Leventhal (USA) reminds us that the consequences of war in Ukraine and elsewhere are global problems that will likely require global solutions. Prof. Leventhal suggests that we psychiatrists and mental health specialists must pause and consider this moment and its impact on us and our patients. By doing so gives a brief opportunity for us all to be prepared to face the many challenges ahead in Ukraine and with related conflicts.

Every issue of *World Child and Adolescent Psychiatry* features an interview with leading world figures in the area of child and adolescent psychiatry. This time, the leader interviewed is not a child and adolescent psychiatrist, but a general psychiatrist, who, 20 years ago, managed to secure one million dollars for the promotion and development of child and adolescent mental health worldwide.

Prof. Ahmed Okasha is Director of the World Health Organization (WHO) Collaborating Center for Research and Training in Mental Health; Professor and Founder of the Okasha Institute of Psychiatry, Ain Shams University, Cairo, Egypt; President of the World Psychiatric Association WPA (2002-2005); Honorary President of the Egyptian Psychiatric Association and the Arab Federation of Psychiatrists; Member of the Presidential council of distinguished scientists; and Adviser to the Egyptian President for Mental Health and Community Integration. Prof. Okasha speaks not only about psychiatry, but also about the history of his country and his family. I thank everyone who made this interview possible, especially Dr. Dina Elgabry who met Prof. Okasha in person and recorded this interview.

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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, Guyana, Switzerland, Uruguay and Malaysia are featured.

The paper on child and adolescent psychiatry (CAP) in Guyana is written by two child and adolescent psychiatrists who are the country's first child and adolescent psychiatrists. Both trained as child and adolescent psychiatrists in Cuba, and they have returned to Guyana quite recently. I had a pleasure to meet one of the authors (Dr. Baressa DeClou-King), and I know that these young colleagues are making history in their country. In contrast to the report from Guyana about the first steps of CAP there, Prof. Susanne Walitza (Switzerland) writes about 100 Years of Child and Adolescent Psychiatry in the Canton of Zurich, Switzerland. 100 years ago, the "Stephansburg," the first clinic for children with mental health conditions, was opened at the "Burghölzli" in Zurich, Switzerland. The "Burghölzli," today the Psychiatric University Hospital of Zurich, is recognized worldwide, last but not least, because of Prof. Eugen Bleuler, one of the first directors, who, in 1908 introduced the term and picture of "schizophrenia" for the first time. In 1911, Prof. Bleuler had begun to treat children in his outpatient clinic for adults, and he had already described the potential of early therapy.

Interestingly, Dr. Laura Canessa and Dr. Gabriela Garrido, in their paper about CAP in Uruguay, stated that one of the pioneers of CAP in their country, Dr. Luis Enrique Prego Silva, was trained in the USA by Dr. Leo Kanner, another historical figure in our field. The paper from Malaysia by Dr. Susan Tan and Dr. Zahir Izuan Azhar focuses on how CAP in their country has dealt with recent COVID-19 related challenges.

The current issue also features a couple of special reports. The first report highlights the activities of the section of Child of Adolescent Psychiatry of the European Union of Medical Specialists. The second presents "A Vision for Our Children's Future" by the AACAP (The American Academy of Child and Adolescent Psychiatry) Climate Resource Group. The third focuses on The Intersection of Mental Health and the United Nation's Sustainable Development Goals (SDGs). While UN SDGs are very important, what makes this paper even more special that

it is written by a first-year medical student, Leo Meller. I hope we will hear more from him and about him in the near future.

At the end of this issue, you will find information about past and upcoming meetings. The World Psychiatric Association (WPA) thematic congress, "Treatment and management of mental disorders in the post-pandemic era," in Tbilisi, was opened by The President of Georgia, Salome Zurabishvili. The 2nd International Conference on Child and Adolescent Mental Health (ICCAMH) Nepal 2022 was an important milestone in the development of CAP in Nepal.

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,
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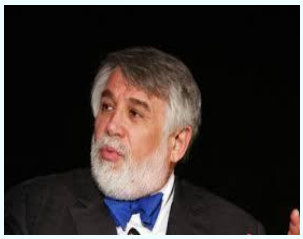
Reflections on Ukraine -Collective Wisdom in a Time of Need



Prof. Bennett L. Leventhal, MD (USA)

On 12 September 2022, Irina Pinchuk, MD, Vice President of the Ukrainian Psychiatric Association, convened and chaired an extraordinary meeting in Warsaw, Poland. Leaders from national psychiatric societies from around the world gathered to consider the horrors of the war in Ukraine and the devastating consequences for its citizens, especially children and individuals with psychiatric illness. It was an illustrious group of world leaders in psychiatry who participated in a remarkable day that was full of emotion, careful intellectual considerations, and a strong focus on the clinical needs of an enormous number of people who remain vulnerable to this day. It was a day of thoughtful speeches, intense conversations, and moving photos and videos, including a film about the tragedy in Mariupol.

At the meeting, we spoke as clinicians, using clinical language to share our thoughts and concerns. While there were cool and objective moments, there was also a strong feeling of humanity in the conversation that was well beyond professional roles, as the meeting offered expressions of concern for our fellow human beings in Ukraine and around the world.

Professor Irina Pinchuk ably set a tone for the discussion at this symposium. She was masterful in capturing the emotions and sorrow surrounding what is happening in Ukraine. She was also brilliant in making it clear that we all have a role in responding to what is happening and in recognizing a shared responsibility not just to Ukrainians, but to all the citizens of the world who are watching this war.

Sadly, we all know that there are more wars to come. We wish that were not the case, but wishful thinking is not enough. As psychiatrists and mental health specialists, we must pause and consider this moment and its impact

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on us and our patients. In so doing, it gives a brief opportunity for us all to be prepared to face the many challenges ahead in Ukraine and with related conflicts.

The roundtable discussion made it clear that war is awful. Of course, we all know that. It was even more clear that, in war, there are rarely winners, and always many victims. The most vulnerable of victims of war are our patients – those who have psychiatric illness and those who develop psychiatric illness, as a result of the trauma, violence, destruction, dislocation, and many losses that are an inevitable part of war. More than just speak about it, we must re-commit ourselves to our duty to care for all the victims.

These consequences of war in Ukraine and elsewhere are global problems that will likely require global solutions. That is not to say that there are not attendant local problems, but the overall challenges are not local. The crisis in Ukraine is not just in Ukraine. It is in Poland, throughout Europe, and wherever refugees have been so generously and graciously welcomed. At the same time, it is important to remember that, despite the kindness and support, the refugees are Ukrainians who want and deserve to have their country back, with safety and security. It is their homeland, and we wish them a safe return, very soon.

What lessons did we learn from the discussions amongst the leaders in Warsaw? What comes next? There is far too much to summarize in detail, but it appears that there are four main lessons learned:

1. **Being alone is the most frightening of all experiences**

The most frightening thing in the world is to be ALONE and to have to bear the burdens and horror of war by yourself. You can be alone as a refugee, isolated in a bunker, at a distance from home, family and friends. Even more frightening is to be alone and forgotten because you have disappeared from the thoughts and minds of people around the world.

Therefore, an essential first lesson from Ukraine is that we must vigilantly keep the Ukraine story open, alive, and persistently in the public consciousness. Each of us must work to make sure Ukraine is on the minds of our colleagues, friends, and political leaders. There must be continuing demands for the stories to be in the daily news reports in all media.

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It was inspiring to hear colleagues in national psychiatric societies from around the world fight the silence by making public statements about the wrongness of the Russian invasion. However, statements in meeting forums are not enough. We cannot stop here. We must continue to broadcast these statements. It is important to be specific about the horrific events that are occurring daily, including murder, rape, torture, bombings of hospitals and clinics, and bombings of public places like railway stations, utilities, and shopping malls. It is important for each of us to make it clear that such actions by the Russian Army and their supporters, as well as the attendant awful destruction of life and property, are inhumane and indecent. These actions are traumatizing adults and setting a terrible stage for the young people who are terrified when they see that the adults, on whom they depend, are unable to protect them.

When we become silent, we become complicit. We cannot let this silence and complicity happen.

Help the suffering victims, and ourselves, avoid the aloneness by keeping the horrors of the Russian invasion in the public consciousness. Doing so not only helps relieve the fear of being alone for Ukrainians, but also for victims of violence around the world. We must continue to tell them, "You are not alone. We will never let you be alone in this struggle." And, we must both mean it and act.

2. Sharing our knowledge and resources is a vital responsibility

Sharing is crucial to our success. The Ukrainians are more than willing to learn and to receive what we have learned. The Ukrainians are equally willing to share what they have learned and are learning. We must now share evidenced-based treatments, be they psychological or medical. We must help them acquire much needed medicine and medical equipment and provide any other materiel that is needed to sustain and protect the victims of war.

It is amazing what many have done to share so much with the Ukrainians. While much has been done, it is not yet enough. There is more to be done. Some we can do as individuals. Some can be done through the various professional organizations to which we belong. We can also respond to requests from the Ukrainians. To facilitate this, Professor Pinchuk has offered to work with all of us to coordinate, plan, and act. Reach out. Build bridges. Sharing is about making connections – make them now.

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3. Do not waste what has happened. Learn from it

It is our duty as the leaders in the field to teach about what is happening in Ukraine. We cannot just be observers. There are lessons to be taught, and we must lead the way in teaching them.

We are inspired by Professor Pinchuk, who returned to her students in Kyiv so she could teach them, in spite of the danger. We now share in that obligation to aggregate the knowledge and information gleaned from the experiences in response to this war. We can organize this knowledge and turn it into workable interventions, as well as curricula, so that when we teach the next generation of psychiatrists and other mental health professionals, we can share with them what we learned about what worked and what did not. And, we should be honest by sharing our mistakes, so that our successors need not repeat them. Passing on our knowledge and experience is a tradition that we must honor and fulfill, now, while we can.

Conducting research during the war is also important. Creating knowledge with research is neither calloused nor self-serving. Rather, it is an important way to honor those who have suffered and are suffering by using their experiences to make the fate of future victims less harsh and less painful. It is our duty to learn what we can, when we can, and then disseminate that knowledge for present benefit and the future.

4. We are much stronger together than we are apart

While this is a small group of the psychiatrists from around the world, if we act resolutely and together, we can build on the powerful beginning created by Professor Pinchuk. We have the opportunity to do the right thing and to do it together. While we are often seen as the "weaklings in medicine," when psychiatrists and other mental health professionals work in unity, we gain strength, and, equally importantly, the mental health of our communities and patients becomes a priority. It becomes more important when more of us are together and "banging on the drums."

Together, we can make our case for the importance of protecting the mental health of all the victims of the war in Ukraine as well as those subjected to violence around the world. With this unity comes the strength to be powerful advocates for our patients and to make a strong case for preventive interventions and early treatment to

mitigate the complications of mental disorders and trauma. In the best interest of our patients, for the sake of our colleagues, for the hope for our communities, I hope we will continue to work in unison and capitalize on the sense of purpose, power and authority that this unity brings.

May there soon be peace in Ukraine and around the world. Until that time comes, let us be unwavering in our commitment to work together for safe, healthy, and just world for all.

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Leaders from around the World

Interview with Prof. Ahmed Okasha
Ain Shams University, Cairo, Egypt

Many thanks Professor Ahmed Okasha for finding time to be interviewed by World Child and Adolescent Psychiatry. Twenty years ago, you started the Presidential World Psychiatric Association's (WPA) Program on Child Mental Health (2002–2005). Why did you choose Child Mental Health as the main topic?
At that time, there were alarming epidemiological studies from all over the world concerning child and adolescent psychiatry. These studies showed that, although 20% of children and adolescents had a diagnosable mental disorder, the management and the concern given to child and adolescent mental health was not up to the needed standard. To my astonishment, there was a state of global neglect and a worldwide absence of identifiable national child and adolescent mental health policies. Hence, there was a huge need to increase the awareness of healthcare decision-makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and adolescence and about the possibilities for their resolution through primary prevention, early detection and early interventions, and through services that provide effective methods of

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treatment. There was also an inevitable need to create a database containing information about the current epidemiological situation and about policies and programmes relevant to the promotion of child and adolescent mental health in different parts of the world.

It is also well known that you secured substantial funding for the program. How did that happen?

For all the aforementioned causes and needs, action was needed. I had a chance to convince the board of Eli Lilly Foundation, in their headquarters in the USA, to take part in an initiative involving the most eminent child and adolescent psychiatry professors from all over the world. I succeeded in securing one million dollars at that time for the promotion and development of child and adolescent mental health worldwide.

What was the main outcome of your presidential program?

There were publications of critical reviews of the literature on different aspects of child and adolescent mental health, together with information about relevant programs in different countries. There were manuals and guidelines concerning the prevention and early recognition of mental disorders, and also internationally accepted guidelines for activities promoting child and adolescent mental health. All of these publications are in the website of the WPA. We also managed to develop a database containing information about the epidemiological situation and about policies and programs relevant to the promotion of child mental health in different parts of the world. We created a functional network of individuals and institutions committed to the achievement of the objectives of the programme. I also chaired the steering committee, and we had task forces on awareness, on primary prevention and on health services, management and treatment. In addition, so many concerns all over the world for abuse of psychiatric patients were addressed.

You have a long and very impressive career as a psychiatrist and as a leader. What are the main achievements in psychiatry you have witnessed during your career?

I would summarize them as three or four main achievements. First is the return of psychosocial and spiritual aspects in the comprehensive evaluation and hence treatment of our patients. Psychiatry should be for the person,

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not only for the disorder. It is clear that Kraepelin had a very pessimistic view of the pattern, course and outcomes of mental health conditions. Now, 90 percent of our patients are treated in outpatient clinics. Second is the combined effect of psychotherapy and pharmacotherapy, in the context of risk of excessive side effects of pharmacotherapy. Third is the use of the term Brain Synchronization Therapy (BST) instead of Electroconvulsive Therapy (ECT). The words "convulsion" and "seizure" both have special meanings to the public. Convulsions, as portrayed by the mass media, do not occur with modern ECT methods. "Seizure" is used in its technical sense to refer to the patterned electrical response produced by an electrical stimulus. In Egypt, the name BST has been introduced instead of ECT. This name has resulted in a positive shift in family awareness and patient acceptance of the treatment. Explaining to the patient and the family the procedure without referring to convulsions has been of great help and is reflected in the new Mental Health Act of Egypt introduced in 2009. Moreover, it was suggested and agreed that BST replace ECT in the "Guidelines for the Treatment of Depression in the Arab World," in order to reduce the stigma and change the wrong perception of families and patients.

Could you also tell us a little bit about the history and present activities of the Okasha Institute of Psychiatry?

In the early 1980s, with the spread of heroin in Egypt, with the increasing number of patients with substance abuse, and with increased awareness about psychiatry and psychiatric disorders, I had a dream. That dream was that Egypt needed an Institute of Psychiatry to provide care for patients, training for doctors and scientific research not just for Egypt, but for the entire Arab World. Many people thought that this would not be possible due to the shortage of finances in the government and university hospitals, and the reality that psychiatry and psychiatric patients usually come last on policymakers' lists. The Institute of Psychiatry was built through personal investment, charity money from many people who saw the importance of having such a project, and the help of many people to make it a state-of-the-art project involving construction, services, medical equipment and experienced personnel. I wanted it to be a pioneer project and an example for all of Africa and the Middle East. The idea started in 1984. The foundation stone was laid in 1988, and the Institute was inaugurated in 1990. In 1993, the Institute was chosen to be a WHO Collaborating Center for Training and Research in Mental Health in

the Eastern Mediterranean Region. In 2016, the Institute became a World Psychiatric Association (WPA) Collaborating Centre for Training and Research in Psychiatry. Renovation and reopening of the Institute was done most recently in September 2022. It was renovated to keep the Institute on track with the most recent advancements in psychiatry. These recent renovations included: increasing the patient bed capacity to 72 inpatient beds in 6 wards, and building a psychiatric intermediate care unit (PICU). The Institute now has 22 running outpatient clinics, 7 of which are specialized clinics, including the child and adolescent clinic, the substance misuse clinic, the psychosexual disorders clinic, the sleep disorders clinic, the memory and cognitive disorders clinic, the neurotic and stress disorder clinic, and an eating disorders and smoking cessation clinic. It serves as one of the one of the oldest and most eminent educational, training and research centres for psychiatry in Africa and the Middle East. It houses 3 large lecture theatres; teaching programs for undergraduates and psychiatry postgraduates (Diploma of Psychiatry, Master in Neuropsychiatry and doctorate degree in psychiatry); and postgraduate training programs for Egyptian Board trainees. Since its establishment in 1993 and first publication in 1995, Middle East Current Psychiatry, (MECP) has served as the official journal of the Okasha Institute of Psychiatry, Ain Shams University, and is one of the Middle East's leading psychiatric open access peer-reviewed journal. It is published under Springer and is now on the Web of Science and SCOPUS.

You have written many books, and more than ten of them are available in English. Which one would you recommend for a child and adolescent psychiatrist to read first?

I authored 58 books in the field of psychiatry and psychology in both the Arabic and English languages (36 of which were published abroad); co-edited 14 books; authored chapters in more than 21 international books, including two textbooks in Arabic and English; and authored 286 original articles in national and international journals.

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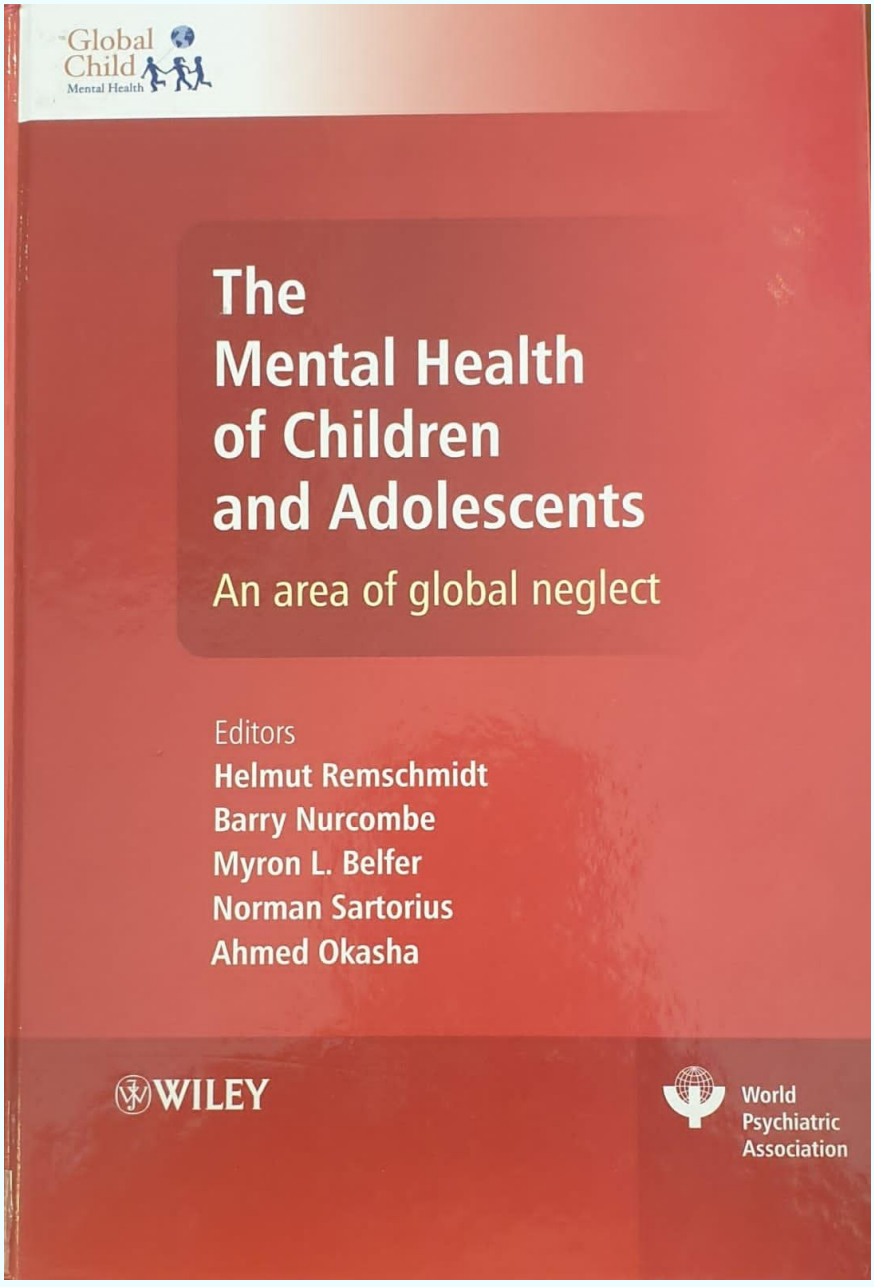
Our Book, ***"The Mental health of Children and Adolescents: An area of Global Neglect"*** includes all available information on the initiative on child and adolescent mental health.



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You have been at the top in your field for more than 60 years, and you are also a loving father, husband, grandfather and great-grandfather. What is the secret of your success?

Passion and love. I do everything with passion. I never knew jealousy or envious feelings towards anyone. I live a life full of political power and artistic appreciation, apart from conversations with the most intellectual colleagues.

Looking back to the 1950s, when you graduated from medical school, you were a handsome bright young man who was at the top of his class at medical school and from an aristocratic family. Why should that young man choose psychiatry as a specialty? We are speaking here about the 1950s, when psychiatry in Egypt was surrounded by shame and stigma and a lot of myth.

I read the Arabic Translation of Henry C. Link's book, "The Return to Religion," which had been translated to Arabic by my brother Dr. Tharwat Okasha. The book had a deep impact on me. During my internship, I used to observe the surgeons and physicians who would not refer to patients by their names, but by their diagnosis. The only branch where I felt that I could see a person as a human being and not as an organ was psychiatry.

Your family is very famous in Egypt and the Middle East. Could you say a little more about your family to our international audience?

I was fortunate to grow up in a family of political and cultural power. My father, Okasha pasha, was a Major-General in the Egyptian army. His last post was head of the forces guarding Egypt's eastern and western frontiers and ruler of the sector of Palestine that at the time was under Egyptian authority. The person who followed my father was General Mohamed Naguib, who was later the president of Egypt after the revolution of 1952. My mother's two cousins were both prime ministers of Egypt. She was a patriotic lady raised in a highly patriotic, politically oriented Egyptian family. An avid reader with her own strong views, she was very concerned with her country's problems. My elder brother, Dr. Tharwat Okasha, was a member of the Revolutionary Command

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Council (RCC) that replaced the Egyptian monarchy in 1952 and was later the Egyptian Minister of Culture. He is the person who, since my childhood, sponsored teaching art, music, and literature. My brother-in-law was the editor of the largest newspaper in Egypt, Al-Masry, and was pivotal in supporting the revolution in 1952. My maternal uncle was Professor of Physiology and Dean of the Medical School at Alexandria and Cairo Universities. He was my mentor in medical school, and his books were used for teaching in all Arab medical schools.

I have two sons. My eldest is Professor Tarek Okasha, Professor of Psychiatry at Ain Shams University. He has 2 daughters and 2 grandchildren. My other son is Mr. Hisham Okasha, the current CEO of the National Bank of Egypt. He has 2 sons. Six months ago, after 60 years of marriage, I lost my life's companion and partner, my beloved wife Jennifer, and since her departure, I have lost my companion who bestowed upon me full support and love and who shared with me all conferences and travels around the world.

Prof. Ahmed Okasha was interviewed by Dr. Dina Elgabry. Questions were prepared by Dr. Dina Elgabry and the editors of the World Child and Adolescent Psychiatry. We thank Prof. Ahmed Okasha for the interview and expresses deepest condolences to Prof Okasha on his wife's passing.

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Child and Adolescent Mental Health Across the World

Mental Health Services Available to the Pediatric Population in Guyana

Dr. Baressa DeClou-King (Guyana),

Dr. Jenese October (Guyana)

Guyana is a country located on the northern mainland of South America. "Guyana" is an indigenous word which means "Land of Many Waters". The capital city is Georgetown. The country is bordered by the Atlantic Ocean to the north, Brazil to the south and southwest, Venezuela to the west, and Suriname to the east. It has 215,000 km^2 (83,000sq mi) and according to the 2022 revision of the World Population Prospects, the total population was 804,567 in 2021. There are 10 administrative regions (Region 1 -10). It is ethnically diverse and has a history of colonization by multiple nations of Europe; slavery from West Africa and indentured labor from Portugal, China and India. Guyana gained independence in 1966.

In Guyana, over the past few years, despite the continuous challenges and deficits in resources, there has been a notable improvement in mental health services. Care for the mentally ill was previously provided for under the legislative framework of the Mental Health Ordinance of 1930. This Ordinance has proved to be outdated and fails to offer sufficient protection for the rights of persons living with mental disorders.

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Persons with mental disorders may endure discrimination and stigma in their communities, educational institutions, and workplaces and even in the judicial and health care systems. Stigma, discrimination and lack of awareness are barriers in the modern development of mental health services in Guyana. However, in April 2022, the Mental Health Protection and Promotion Bill replaced the archaic Mental Health Ordinance of 1930 and provided much needed modernization to practices, protections and privileges to aid persons living with mental disorders.

Over the years, services to children, adolescents and adults were extended to nine of ten administrative regions in Guyana. The unattended region will comprehensively be addressed in the future. There are two inpatient/outpatient mental health facilities in Guyana located in Regions 6 and 4: National Psychiatric Hospital (NPH) and Georgetown Public Hospital–Department of Psychiatry, respectively. Both institutions are not exclusive for the pediatric population.

In Region 4, the Georgetown Public Hospital Corporation (GPHC) is the principal referral general hospital and the country's tertiary care center. It accommodates various departments, including the Department of Psychiatry, which has been functioning for more than ninety years and attending to both pediatric and adult populations. Prior to the presence of child psychiatrists, the adult psychiatrist of the Psychiatry Department of GPHC attended to the pediatric population. This arrangement lasted for a few years. Subsequently, a multidisciplinary team comprised of a pediatrician, psychologist and adult psychiatrist attended to this group. However, the needs continued to be great.

In 2020, GPHC gained two child psychiatrists and is the only institution that has a 24-hour pediatric psychiatric emergency service. Once patients meet admission criteria, adolescents and adult patients are accommodated in a hospital room, while child patients are accommodated in the Pediatric Ward, under special supervision and care. There is also consultation on patients admitted to other departments of GPHC that require co-management with the child and adolescent psychiatry team. The department also provides continuous academic training for

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undergraduate and postgraduate students at various local medical schools and residents of the Masters of Medicine Psychiatry Program. This program was another initiative to ensure that there were adequate numbers of psychiatrists across Guyana. Meanwhile, the National Psychiatric Hospital, established in 1867, is the only institution in the country that accommodates patients with chronic psychiatric disorders who require long term care.

The Juvenile Drug Treatment Court is an additional service that was recently established to assess patients with legal issues who suffer from substance abuse. Tele-medicine has been in use for more than 20 years; however, the pandemic has forced its acceptance and widespread use by the authorities. Telemedicine provides access, led by the specialties of psychiatry and psychology, to consultation across remote areas.
Mental health initiatives and international partnerships are ongoing. A recent initiative included mobile psychiatry clinics for persons who are unable to attend clinics and satellite clinics in various regions. This initiative also includes services extended to the pediatric population.

Children and adolescents constitute about one-third of the world's population and are a particularly vulnerable group for the onset of mental disorders. Studies reveal that approximately fifty percent (50%) of all mental disorders emerge before 14 years of age and seventy-five percent (75%) by 25 years of age. Furthermore, globally, one-quarter of disability-adjusted life years for mental and substance use disorders occurs in youths. Behavioral disorders, Anxiety and depression are most cases are undetected and untreated. Leading causes of disability and illness in adolescents include behavioral disorders, Anxiety, depression and the fourth leading cause of death in adolescents aged 15-19 is suicide. The Pan American Health Organization in 2018 referred that in Guyana the burden of Mental, Neurological, Substance use disorders and Suicide affecting the lifetime before 5 years old was Autism and Epilepsy; between 5 and 15 years old, this burden was due to Conduct disorders, anxiety disorders and headaches. Guyana has a suicide rate that has ranked in the top ten globally and the highest within the Americas region since 2000. In 2017 the World Health Organization reported that Guyana had the second highest suicide rate worldwide. So, while the greatest challenges are faced by the individual child or adolescent, the

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adverse effects of early life mental disorders extend to families, schools, and communities, with dire consequences.

Child and adolescent mental health services are critically important to competently tackling mental illness in Guyana, since in the general population, there is a lack of knowledge of common mental disorders in children and adolescents. The Ministry of Health (MOH) has been cognizant of these realities, so collaboration with the Georgetown Public Hospital Corporation enabled, in April 2021, the launching of a Child Satellite clinic in Regions 3, 4 and 6. Child Psychiatrists were utilized to conduct these Clinics. However, because of limited human resources, clinics are held once monthly and by appointment, and focused on services to children and adolescents with psychiatric disorders such as depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, psychotic disorders, conversion disorders, eating disorders, behavioral disorders, substance use disorders, elimination disorders, and suicidal behavior.

Also, the MOH's Adolescent Health Unit has ongoing programs that encompass all health and social issues affecting this group. These include the Adolescent Antenatal Health Clinics/ Support Groups, Community Parent Support Groups, Adolescent Health and Wellness Clinics, School Health Clubs and Peer Educators Program. These programs are focused on promotion of health and dissemination of information on sexual and reproductive health, mental health, abuse, bullying, vaccines, etc. All program activities are carried out at the primary level in health centers, schools, community centers, etc.

Child and adolescent psychiatry as a discipline in Guyana is still at its genesis stage of existence. In this regard, there is much room for growth and development. As previously noted, most of the mental health services in Guyana are provided at its tertiary hospital (GPHC). Therefore, future initiatives relative to mental health services must focus on extending these basic mental health services throughout the ten regions. In so doing, greater accessibility for the Guyanese pediatric and adolescent population would be facilitated.

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One of the main deficits in the current child and adolescent mental health framework is the lack of a situational analysis of the current mental health paradigm in the pediatric population. A situational analysis would greatly assist in updating and designing national strategies, policies, and plans. It would also determine our present status and identify different mental health problems that affect specific groups in the pediatric population. This much needed information would then aid in identifying gaps in mental health services and subsequently bridging these gaps through the implementation of strategic policy initiatives.

This analysis would also set priorities with goals and objectives, which would lead to the selection of solutions, planning for needed resources, implementation, evaluation and monitoring of outcomes. This goal to sustainably deliver services to the vulnerable population can only be achieved after this first step is concluded.

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100 Years of Child and Adolescent Psychiatry in the Canton of Zurich, Switzerland

Prof. Susanne Walitza (Switzerland)

100 years ago, the "Stephansburg," the first clinic for children with mental health conditions, was opened at the "Burghölzli" in Zurich, Switzerland. The "Burghölzli," today the Psychiatric University Hospital of Zurich, is recognized worldwide, last but not least, because of Prof. Eugen Bleuler, one of the first directors, who, in 1908, introduced the term and picture of "schizophrenia" for the first time. In 1911, Prof. Bleuler had begun to treat children in his outpatient clinic for adults, and he had already described the potential of early therapy. The first director, specialized in the treatment of children and adolescents, was Prof. Dr. Jakob Lutz. From the very beginning, he took the position to provide care close to patients and families, and he implemented, since 1931, a number of outpatient services in almost all districts of the canton. Drs. Moritz Tramer and Jakob Lutz very much shaped the term, Child Psychiatrist, in 1933. In 1944, the children's clinic was separated from the Burghölzli; it moved away from the city to a place very close to Lake Zurich.

Switzerland was a pioneer at that time. In 1950, Switzerland, together with Finland, created the first recognized specialist curriculum for child and adolescent psychiatry. The successor of Jakob Lutz was Prof. Jules-Robert Corboz, and he was able to include child and adolescent psychiatry in the Swiss medical curriculum. His successor, Prof. Hans-Christoph Steinhausen, further developed research in the field and brought international visibility to the research.

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While, on the one hand, there was significantly pioneering activity, on the other hand, there were also some difficult years. In the time period from 1950 to 1990, the clinical services were especially focused on children, and for adolescents there was a lack of age-specific treatment capacity.
It was only 25 years ago when specialized adolescent inpatient wards in the canton of Zurich were opened again, and it took until now to have nearly enough capacity for all youth.

In 2016, the former Child and Adolescent Psychiatric Service was merged again with the Psychiatric University Hospital of Zurich. With this merger, psychiatric services now span across all ages. The Department for Child and Adolescent Psychiatry and Psychotherapy continues to work throughout the canton in a family-oriented, interdisciplinary and integrative manner. It offers a wide and diverse range of treatment in basic and specialized care. More than 500 employees are committed to the children and adolescents and their families every day. In 2022, for the first time ever, a public-private partnership, including government health, the University, and private foundations, especially the Children Action Foundation, was established. Twenty years ago, Children Action developed a program focused on prevention of adolescent suicidality. Today, prevention and early intervention should be given priority. Now, we hope that, after 100 years of dedication, we can continue this approach especially to further improve prevention and care for children and young people and their families.

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Child and Adolescent Psychiatry in Uruguay

Dr. Laura Canessa (Uruguay) and Dr. Garrido, Gabriela (Uruguay)

Origins of Child and Adolescent Psychiatry in Uruguay

Child Psychiatry in Uruguay arose at the request of pediatrician Dr. Julio Marcos, who was interested in children's psychological aspects and suggested to the young physician Dr. Luis Enrique Prego Silva that the latter devote himself to this field. In 1948, the Medical Psychology Clinic was created, and in 1950, Dr. Prego Silva traveled to the United States, then considered the "cradle of knowledge," to be trained as a child psychiatrist. Dr. Prego Silva did an internship in Cincinnati and Chicago and then spent time at the Harriet Lane Clinic at the John Hopkins University School of Medicine in Baltimore (Maryland), where he met and trained with Dr. Leo Kanner. His return to Uruguay had important repercussions and led to organizing the First Seminar on Child Psychiatry and Mental Hygiene.

Subsequently, in 1969, the First Child Psychiatry Conference took place in Punta del Este, with 400 attendees from 14 countries. This event was considered a milestone for the recognition and consolidation of the discipline. Dr. Julián de Ajuriaguerra was invited as guest speaker, and his presence built closer ties with specialists from other countries. (1)

Training of Child and Adolescent Psychiatrists

In 1973, the first authorized child and adolescent psychiatry graduate course in Latin America was taught at the Pediatric Psychiatry Clinic at the School of Medicine of the University of the Republic (UDELAR). To date, it is the country's only authorized program for the training of child and adolescent psychiatrists. This clinic has been led by Luis Enrique Prego Silva, MD, Hersch Hoffnung, MD, Miguel Cherro Aguerre, MD, Alberto Weigle, MD, Laura Viola, MD, and, from 2017 to the present, Gabriela Garrido, MD (2). At the beginning, although the specialty had been born in the field of pediatrics, those who practiced it were psychoanalysts from the field of dynamic psychiatry. At that time, the area of biological psychiatry was almost non-existent, and there were not

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many sources in terms of medication, which was considered taboo. In 1979, Dr. Hersh Hoffnung took over the direction of the clinic and enabled the incorporation of pharmacotherapy as a treatment approach. With the restoration of democracy in Uruguay in 1986, the return of teachers, the framework of a national Mental Health Plan, and leadership from Miguel Cherro, MD, "liaison psychiatry" was implemented in 1989, with an interdisciplinary approach with pediatrics during the hospitalization of children and young adolescents. Simultaneously, the community-based training of all child psychiatry graduate students began to prominently feature experiences in mental health -education teams as well as the child protection system.

In 2003, Laura Viola, MD took over as head of the clinic and focused on pedagogical innovation and emphasized postgraduate training responsive to the question, "How to become a child psychiatrist?"(1). The Child Psychiatry Postgraduate Program was then developed, which is currently under revision and transformation. During this period, research was expanded, and the First National Epidemiological Study on Mental Health of School-Age Children in Uruguay was carried out.

Currently, the four-year Pediatric Psychiatry graduate program seeks to combine knowledge of the discipline together with significant experience in a variety of settings, including ambulatory, hospital, and emergency, and with exposure to autism, learning difficulties, psychotraumatology, and suicidal behaviors.

Beyond the Academic Realm

In 1983, with the support of many individuals, the Uruguayan Society of Child and Adolescent Psychiatry (SUPIA) was founded. This organization has played a fundamental role in the consolidation of the discipline in our country.

In 1985, the School of Medicine created the Mental Health Commission, which was in charge of articulating the National Mental Health Plan, which was considered a national priority by the public health authorities.

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In 1988, Miguel Cherro, MD, took over the direction of the Clinic and proposed a "shift" from the clinics to the community and towards integration into the rest of the pediatric disciplines through "liaison psychiatry." In addition, in response to the increase in the demand for care and as a milestone in the process of decentralization of mental health care, our country has had Community Mental Health Teams working in the public sector since 1996. Currently, 48 teams are distributed throughout the country. These teams consist of child and adolescent psychiatrists, adult psychiatrists, psychologists, social workers, and nurses. These teams are in charge of addressing mental health in their assigned region and working together with the first level of health care. (3,4)

Moreover, the first epidemiological study was conducted by the Pediatric Psychiatry Clinic (Viola, Garrido et al.) in 2006. This study showed a 22% prevalence of emotional and behavioral issues in Uruguayan school-aged children. Among these children, only 30% had received some type of care. (5) The year 2017 marked a breakthrough in the transformation of the mental health model in our country. Since then, Uruguay has passed Law No. 19529, which emphasizes that all professional care and rehabilitation processes in mental health should take place in a community setting. This principle is intended to provide a more holistic vision in which promotion, prevention and recovery take place within the community, in coordination with higher levels of specialization when necessary. This process should be carried out with intersectoral and interdisciplinary participation. There are several commissions currently working on the regulatory requirements of this law. (6)

Addressing Current Challenges

Currently, although the country has a reasonable number of mental health professionals, including approximately 90 active child and adolescent psychiatrists, of whom 41 entered the workforce in the last 6 years, there are many challenges in the implementation and collaboration processes at the different levels of care. The identification of these challenges has led scholars to implement collaborative work experiences at the different levels of care. Examples of such collaboration include the Project ECHO teleclinics: "Mental Health and Psychiatry: Cooperation between Levels of Care" and "ECHO Autism."

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In addition, the Pediatric Psychiatry Clinic has been developing clinical services and research programs addressing concerns of high prevalence and interest, such as autism spectrum disorders and other neurodevelopmental problems, suicide and suicidal spectrum behaviors, trauma, and learning difficulties.

Since 2005, there has been an Autism Spectrum Disorder (ASD) Clinic at the Pereira Rossell Hospital, led by Gabriela Garrido, MD. This clinic works on early detection and management of children and adolescents with ASD and also provides graduate training in this field and other disciplines. This clinic has also allowed for several research and collaboration projects at a national and international level. In addition, suicide and suicidal spectrum behaviors is a topic of particular interest in public health, since, in recent years, Uruguay ranks in the group of countries with the highest suicide rates, specifically in young populations. (7,8) The Pediatric Psychiatry Clinic offers a team of experts who are involved with patients not only during hospitalization but also during their long-term follow-up. This team allows for interventions and research on the topic of suicide. The psychotraumatology polyclinic arose as a result of the high prevalence of violence against children and its link with gender violence, which is currently one of the most prevalent mental health problems.

Since 2021, Uruguay has had the first Day Hospital for Children and Adolescents with severe mental disorders, which operates at the Pereira Rossell Hospital. This day hospital offers outpatient care to children and adolescents and thus avoids or shortens (to as little as 24-hours) hospitalizations and helps to meet new standards and guidelines in mental health care.

There are still significant challenges in implementing new interdisciplinary and intersectoral initiatives with a focus on pediatric mental health. To conclude, here is a quote from Dr. Cherro, MD (2004): "The identity of a discipline is not affirmed in isolation but in the encounter. Psychiatry has to be committed to other disciplines in the intra-institutional and inter-institutional framework, as well as committed to the community for its continued growth."

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Mental Health Among Children and Adolescents in Malaysia During the Covid-19 Pandemic

Dr Zahir Izuan Azhar (Malaysia)

Dr Susan MK Tan (Malaysia)

Introduction

The COVID-19 pandemic started in early 2020. Malaysia has been managing the COVID-19 outbreak in the population since the beginning, when the Ministry of Health led in multisectoral efforts to combat the pandemic. Like in most parts of the world, many preventive measures were taken to curb the spread of infection, and one of the drastic steps implemented by the Malaysian government was the Movement Control Order (MCO), where the movement of the population was restricted to reduce the chances of COVID-19 transmission [1]. As a result of the MCO, most of the Malaysian population was confined to their own homes throughout this pandemic period. This restriction greatly affected the mental health of the population, particularly children and adolescents [2].

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The negative effects of the COVID-19 pandemic on the mental health of children and adolescents worldwide were consistently demonstrated. For example, in China, rates of depression symptoms (20.9% for junior high school students and 29.7% for high school students) and anxiety symptoms (25.4% for junior high school students and 28.4% for high school students) were higher as compared to before the pandemic [3]. In Bangladesh, a large proportion of children suffered from mental health disturbances, which included depression, anxiety, and sleeping problems. A total of 43% had sub-threshold disturbances, 30.5% had mild disturbances, 19.3% had moderate disturbances and 7.2% had severe disturbances [4]. In another study conducted in Spain, researchers showed, using The Strength and Difficulties Questionnaire (SDQ), that psychological problem scores between pre- and post- COVID-19 were statistically significant for peer problems and prosocial behaviour problems. There was an increase in the mean scores for the post COVID-19 period for the stated psychological problems among children aged 12-13 years old [5].

Regarding suicide, most findings worldwide show similar trends in terms of suicide among adolescents during this pandemic. In a study that was conducted in the United States among adolescents aged 12-21 years old and that compared the situation from the pre-pandemic to the pandemic period, there was a rise in depressive symptoms from 5.0% to 6.2%. Positive suicide risk screens also showed an increase from 6.1% to 7.1%, with a 34% increase among female adolescents [6]. In another multinational study involving the United States of America, Canada, the United Kingdom, Brazil, the Philippines, the Republic of Korea, China, Turkey, Hong Kong, and Macau, participants aged 18-24 years old were found to have a higher prevalence of suicidal ideation as compared to older groups [7].

Situational Analysis in Malaysia

In Malaysia, the National Health and Morbidity Survey (NHMS) is conducted by the Ministry of Health to study various diseases in the population. For the NHMS 2019, 424,000 children were found to have mental health problems. Those with mental health problems were mostly in the rural population (8.8%), girls (8.4%), aged between 10-15 years old (9.5%) and from a poor socio-economic background (9.2%). Problems with peers

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(42.9%) was the most common factor that contributed to mental health problems among the children, followed by conduct problems (15.9%), emotional problems (8.3%) and problems with hyperactivity (2.3%) [8]. In the previous NHMS conducted in 2017, the main focus was on adolescent health, including mental health and suicide. The prevalence of suicidal ideation among 13 to 17 year old students in Malaysia was noted to be 10%, as compared to 7.9% in 2012 [9].

In the NHMS study done between May to June 2020 among Malaysian families, 28.5% of children were reported to have anxiety, 31.4% were reported to have depression, and 13.3% reported stress [10]. For children in Malaysia, school closures due to the pandemic contributed to various health problems, such as changes in sleep patterns, stress-related fatigue and dysfunctional eating behaviors. It is believed that prolonged isolation increases the level of stress and may lead to depression for these children [11]. In another survey conducted by a non-governmental organization (NGO), 19% of children experienced severe stress during the lockdown period. The children mostly felt anxious and were worried, as they also struggled with online learning while schools were closed during this period [12].

Suicide among adolescents in Malaysia started to become more prevalent due to the effects of the MCO on their mental health [13]. The Royal Malaysian Police reported the alarming statistic that 872 cases of suicides occurring between 2019 until May 2021 were aged between 15 to 18 years old. The main factors associated with these suicides were reportedly troubled family relationships, emotional pressure, and financial constraints [14]. Findings from a study done in 2019 in Kuala Lumpur among 13-17 years old revealed that depression was positively correlated with suicidal ideation, while self-esteem negative correlated with suicidal ideation [15]. Therefore, the scenario where children or adolescents were confined at homes throughout the MCO in Malaysia may predispose them to depression that may lead to suicidal ideation. Social media can be a dangerous platform that can push adolescents towards suicidal ideation and suicide death. For example, a 16-year-old girl in Kuching, Sarawak, Malaysia, died by suicide after posting an Instagram poll asking random strangers: "Really Important, Help Me to Choose D/L," where D stood for death while L stood for life. Many of her followers, who did not

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know the true story behind her post, supported her decision to end her life [16]. A 17-year-old boy in Kulai, Johor, Malaysia posted on Instagram his suicidal note before dying by suicide in the context of bullying at school [17]. Online users posted negative comments, based on fake information spread on Facebook, on a 20-year-old girl from Penang, who subsequently died by suicide, in the context of this cyberbullying [18]. During the pandemic, in which everyone is connected, more than ever before, through the virtual world, we need to be aware of the possibility of such cases, arising from stress or depression and from widespread use of social media, which provides a convenient platform for adolescents to express their feelings.

Another factor that can affect the mental health of children and adolescents is the socioeconomic status of their families. A study conducted in 2020 among 500 heads of households from low-cost flats in Kuala Lumpur revealed that 70% of them faced difficulty in meeting their essential expenses and that 37% were unable to purchase enough food. As a result, 22% reported feeling depressed, and the majority were worried that they will not have enough money to feed their children. For children, online learning throughout the MCO period was also associated with them feeling depressed due to poor internet connection or lack of a proper place in an already crowded and noisy home in which to study [19].

Mental Health Services for Children and Adolescents in Malaysia

i) Policy and planning

In terms of policy and planning, there is the Psychiatric and Mental Health Services Operational Policy 2011. One of the Policy's main principles is that management should comprise comprehensive assessment and treatment through a multidisciplinary team approach, wherever possible. The components of this policy that are specifically related to child and adolescent psychiatry services include outpatient services, inpatient services, hospital-based community psychiatry services and collaboration with primary care clinics, schools, the Welfare Department and NGOs [20]. These services play their part in benefitting each child or adolescent patient as much as possible during the COVID-19 pandemic. Experts from various fields also developed the National Strategic Plan for Mental Health 2020-2025 to ensure that gaps in tackling the mental health problems in Malaysia were addressed.

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A total of 8 strategies were outlined, and mental health of the population during COVID-19 fell under Strategy 7, Strengthening Mental Health Preparedness and Services During Emergencies, Crisis and Disasters. Preparedness involves establishing mental health and psychosocial response teams during these periods. The main agencies that can play an important part to help the children and adolescents include the Ministry of Health, Ministry of Women, Family and Community Development and NGOs such as Befrienders and Malaysian Mental Health Association [21].

ii) Services offered

The mental health management system in Malaysia is coordinated and regulated nationally by the Ministry of Health. One of the most important programmes is the mental health screening programme, called the "Healthy Mind." It is conducted among 16-year-olds in schools using the internationally validated, 21-item Depression, Anxiety and Stress Scale (DASS-21) [22]. This involves the school health team, with the assistance of the respective school counsellors who conduct the screening programme in schools. The school counsellors also help the students if they have any mental health issues, and, if needed, they can then be referred to the nearest healthcare facility that has a psychiatrist. Mental health services are also offered in primary health centers [23]. The Ministry of Health implemented the adolescent health services at these centers, which are adolescent-friendly and designed to attract more adolescents to use the services, including mental health services [22]. A study done in the state of Kelantan, Malaysia found that adolescents attending adolescent-friendly clinics showed significantly higher satisfaction levels compared with peers attending conventional clinics [24]. Adolescents can also seek help via various telephone helplines provided by the Ministry of Health and NGOs. The HEAL Line 15555 was launched by the Ministry of Health in October 2022 to help individuals facing mental health problems get early assistance. The HEAL Line is manned by the Health Ministry's psychology (counselling) officers and currently operates from 8am to midnight every day, including public holidays, with the operating hours possibly being increased in the future [25]. Another frequently used hotline, available to all, including adolescents, is the Befrienders hotline. Befrienders is a not-for-profit organization providing emotional support 24 hours a day, 7 days a week, to people who are lonely, in distress, in despair, and having suicidal thoughts. This is a service offered without charge [26].

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During the lockdown period, suicidal behaviour had risen among Malaysian adolescents, with 10% of 13-year-olds having tried to kill themselves. An increasingly large number of calls to the Befrienders hotline were also noted to be from younger people. They were mainly concerned about virtual learning, not being able to live up to their parents' or teachers' expectations and feeling lonely as they did not get to meet their friends physically. However, the high number of calls also indicated that the teenagers are more willing to seek help due to an increase of awareness regarding mental health issues in our society [27]. Besides Befrienders, the Mental Illness Awareness and Support Association (MIASA) also provides services to help adults and adolescents. Such services include counselling, spiritual therapy, peer support and a specially dedicated crisis team hotline [28]. Another example of a service offered, the WeConnect digital network, is the result of the good collaboration between the United Nations Children's Emergency Fund (UNICEF) and the Malaysian government to deliver psychosocial support services to address mental health issues, suicide and domestic violence. UNICEF established the WeConnect digital network to listen to and answer young people's concerns about mental health and to provide psychosocial support. In 2020, UNICEF reported that they had engaged with 270,000 young people through this programme, which involved social media influencers and mental health specialists [29].

iii) Health promotion and health education

The Ministry of Health Malaysia continuously disseminates important information regarding mental health issues to the public and targets various populations, including adults, adolescents and the elderly. The health promotion information is circulated via traditional media (e.g.: radio and television) and social media (e.g.: Ministry of Health's Official Facebook page, Ministry of Health's Instagram account and Ministry of Health's Official Twitter account).

Health education of children and adolescents is mainly conducted in schools by the Ministry of Health school health team. All schools in Malaysia are covered by the respective district school health team. Apart from providing regular health education, the team also provides other services to school children such as medical examinations and immunizations [30].

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Recommendations for Policymakers and Future Researchers

Malaysia has executed many successful mental health programmes to tackle the burden of mental health problems, including to the child and adolescent population. However, there can still be room for improvement to ensure that the good progress continues. Below are some recommendations for policymakers and for future researchers:

i) For Policymakers

a) A special committee for child and adolescent mental health, led by the Ministry of Health, which engages in collaborations with multiple sectors, should be established to ensure that coordination of policy and implementation of programmes are done efficiently.

b) Political and non-political leaders should be empowered on this issue, as they will be the key persons to execute all the mental health programmes for children and adolescents.

c) The government should include mental health services in the national health insurance programme and increase the budget allocation for mental health programmes, as mental health problems in the population will affect the country's productivity if not handled well.

d) All agencies, such as government, private institutions and NGOs, should strengthen surveillance for mental health disorders. A good database system will help policymakers in planning mental health programmes based on up-to-date situational analyses in Malaysia.

e) Regular reviews, evaluations and improvements to the mental health programmes for children and adolescents must be conducted, preferably by independent bodies, to maintain the high standard of the programmes.

The number of healthcare professionals, including counselors, clinical psychologists, staff nurses and child and adolescent psychiatrists, involved in the area of child and adolescent mental health should be increased at all levels (e.g.: hospital and district settings) to provide more comprehensive coverage to those in need.

f) More adolescent health friendly clinics should be built at identified high-risk areas for mental health problems. There should also be accessible clinics to those who are staying in remote areas, as mental health problems have been shown to greatly affect children who come from these areas.

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g) In schools, a dedicated syllabus on mental health should be introduced as early as possible in the education system. Children who are well- educated on this issue will be more aware of the signs and symptoms of common mental health problems, and preventive measures can be taken quickly.
h) Healthcare workers who handle suicidal behaviour among children and adolescents must be provided with regular, up-to-date training, as the workers need to be equipped with the best knowledge and skills to tackle such issues.
i) Government, and, in particular, the Ministry of Housing and Local Governance, must plan high rise residences, schools and other buildings in cities to ensure a safe neighbourhood and to prevent suicide in the community.
j) Mental health promotion to children and adolescents through the vastly popular digital platform must be continuously improved based on the latest available technology to ensure interesting content and relevant material. This initiative will involve collaboration between many industries such as the Ministry of Health, Ministry of Communications and Multimedia, advertising agencies and content creators.

ii) For Future Researchers

Future researchers are tasked with the following goals:

a) To use qualitative study designs to identify barriers towards getting mental health treatment among children and adolescents, especially those who come from low socio-economic backgrounds.
b) To develop more mental health screening tools that are specific for every stage of adolescence and that are suitable to be used in the Malaysian population, especially in rural areas and amongst indigenous populations, who may have different cultural norms.
c) To conduct more community intervention studies for suicide prevention.
d) To conduct cost-effectiveness studies on the mental health programmes that have been implemented in Malaysia, particularly programmes that have not been evaluated previously.

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e) To conduct cohort studies among children and adolescents who were affected during the COVID-19 pandemic and who face long-term mental health effects.

Conclusion

The burden of mental health problems among children and adolescents remains high throughout the world as all nations struggle to recover from the COVID-19 pandemic and adjust to the endemic phase. Malaysia is not excluded from this challenge.

The pandemic has clearly shown us that 'there is no health without mental health.'

The Ministry of Health of Malaysia needs to be applauded for establishing many good mental health services to cater to the needs of children and adolescents even at this challenging time. However, the strategic short, medium and long-term plans to handle this important challenge remain merely plans unless there is effective execution and unless there are evidence-based feedback mechanisms in place to gauge their effectiveness on the ground. Collaboration involving both the public and private sectors with involvement of the captains of industry in the private sector is vital. When all parties have the clear evidence-based understanding that improving the mental health of the young is key to building resilience and good coping of this important cohort, they will be committed to sparing no cost to ensure success. These young people will then be empowered to realize that, having learnt how to survive their first ever pandemic in the world, they now have the skills to maintain good mental health in the face of any possible challenges in the future. Not only are they able to achieve their full potential and excellence in whatever fields they are in, but in doing so, they will increase productivity and help Malaysia recover as best as possible from this COVID-1919 pandemic.

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Special Reports

Growth report of the international CAP network in Europe: UEMS-CAP

Profs. Hojka Gregoric Kumperscak (Slovenia), Krisztina Kapornai (Hungary), Thorsten Schumann (Denmark), Carmen M. Schroder (France), Peter Deschamps (the Netherlands)

Introduction

UEMS-CAP is the section of Child of Adolescent Psychiatry of the European Union of Medical Specialists (UEMS). This organisation strongly believes that the quality of training and education in child and adolescent psychiatry (CAP) is closely related to the quality of provision of care for children and young people with mental health problems in the (near) future. We aim to strengthen international networks and cooperation to enhance quality of care and training across the EU.

UEMS: our umbrella-organisation

The UEMS is the oldest pan-European medical organisation, celebrating its 60th anniversary in 2018. With a current membership from 40 countries, it is the representative organisation of the National Association of Medical Specialists in the European Union and its associated countries. The added value of the UEMS lies in a unified voice through international representation of medical specialities and in the development of new, harmonised models for the training of the next generation of medical specialists. These models ensure high standards of clinical practice, and hence lead to improved care for patients throughout Europe. UEMS thus brings greater

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strength through mutual co-operation. It reinforces international excellence in key areas of relevance to the medical profession and more effective interaction between National Medical Associations and the UEMS and between individual specialties and the UEMS. It also addresses interdisciplinary issues in emerging areas of specialist medical practice at an international level and sets the basis for the robust accreditation of the educational meetings attended by medical specialists for continuous medical education. Its structure consists of a council responsible for working with 43 specialist sections (of which CAP is one) and their European Boards, for addressing training in each specialty, and for incorporating representatives from academia (Societies, Colleges, and Universities). Those interested can find a useful organogram on the UEMS website (www.uems.eu), which shows how the UEMS functions across its component parts.

The Section of Child and Adolescent Psychiatry

UEMS-CAP has close links with the sections of Adult Psychiatry and Paediatrics. Together with international trainee and parent and patient organisations, UEMS-CAP strives to help build an international network around teaching, education, and lifelong learning in CAP. We aim to support other UEMS sections and medical specialties in their efforts to understand and contribute to mental health. This approach is based on the notion that most mental health problems arise early in life and have a high risk of persisting and negatively impacting general health. Taking a developmental perspective, we emphasize the importance of safeguarding prevention and early intervention and the interdependencies of physical and mental health on the lives of individuals and populations. Every EU country's national CAP association appoints two delegates to UEMS-CAP. The delegates are the ambassadors for the section activities in their countries and take part in working groups over the year to reach our section goals. Delegates attend the annual, traditionally face-to-face meetings of the section, and also, more recently, semimanual online meetings. UEMS-CAP has a distributive model of leadership, including not only the president, secretary, and treasurer of the section, but also the board of education, at the heart of the UEMS mission, with its president and vice-president, as well as the vice-president of the section and a communications officer. This organisational model helps us to be flexible, to work in many areas of interest, and to support other sections if our knowledge is needed.

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Building and strengthening an international network

One of UEMS-CAP's main work areas is to create a pan-European training network. We are looking into ways to create a pan-European Training network for CAP, coordinated by UEMS-CAP in collaboration with the European Society for Child and Adolescent Psychiatry (ESCAP) and the European Federation of Psychiatric Trainees (EFPT). The idea is to ensure CAP training of high quality, whether it is in countries with a long history of CAP, or in countries currently elaborating their training program. Though the network is centred around CAP training, it reaches out to all affiliated professions and 'neighbouring professions' such as paediatrics and is being built in close collaboration with carer groups.

The UEMS-CAP Curriculum Framework for CAP training

One of our specific instruments that may help trainers implement international knowledge about training at a national and local level is the international curriculum framework. The framework serves as a roadmap for constructing training programs. It provides guidance, maps out training goals for trainees, and helps them to get an overview of where they are in their training process and where to go. For training program directors, trainers and for all those concerned with training, the framework can help provide focus and ensure that all relevant parts of training are included in the program. On an individual level, it can allow fast tracking for some trainees, and also building in extra depth or new areas of learning (e.g. research, teaching, leadership, advocacy, psychotherapy). If a trainee is struggling, it can alert them and their trainer to offer remedial support or rarely, to halt their training.

Recently, the UEMS-CAP section, with a large group of international CAP trainers from across Europe and with wider consultation from consumer and family organizations, updated its curriculum framework. This curriculum framework for postgraduate training in CAP constitutes a major part of the European Training Requirements and covers the content of training in the first five chapters of this document (UEMS-CAP & Jacobs, B. 2014; UEMS-CAP, Deschamps, P. and Schumann T. (2021)). The other chapters provide guidance on the organization of

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training, the implementation of national curricula, quality management within training institutions and the structure of coordination of training.

Assessment and examination

UEMS-CAP also works on harmonising assessment of knowledge in CAP and is currently developing a tool for self-assessment and examination. The test is planned to be a knowledge-based test that can be used in CAP training and education in addition to other local initiatives on assessment of skills and attitudes throughout training. It fits the main mission of UEMS-CAP to improve quality of care by enhancing and harmonizing training and education in the EU. It will help trainees to test their own knowledge in a European perspective and against the European curriculum framework. In addition, taking a life-long learning perspective, registered CAP physicians will be able to use the test to assess their level of knowledge and identify strengths and gaps.

The assessment of knowledge is commonly done through multiple choice questions (MCQ). The assessment and examination working group of our section is working on a project developing a UEMS - Question Bank that can be used in CAP training and education throughout Europe and that can provide questions for a EU-level exam in the future. In the last few years, we were facing challenges in terms of recruitment of question-writing experts and development of a professionally and financially feasible system to set up and maintain a Question Bank with good quality MCQs.

International seminars for CAP trainers

The first UEMS-CAP Trainers Seminar was organized in 2018 to bring together a group of interested trainers and training program directors, some of whom are also UEMS-CAP representatives. Prior to that seminar, the only European child and adolescent psychiatry (CAP) educators-focused meeting has been the annual meeting of UEMS-CAP national representatives. We wanted to broaden the network and explore commonalities and differences between European countries. After the first two seminars, we switched to an online format, initially out of necessity because of the pandemic, but later for reasons of environmental impact and

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democratisation. The invitation for the seminar is sent out through the UEMS-CAP, ESCAP and EFPT networks and invites child and adolescent psychiatrists concerned with training, supervising and mentoring CAP trainees and with building the future of our wonderful profession by passing on knowledge, skills and wisdom to trainees. Our aim is to attract those trainers who still find themselves learning every day and wondering how to be an even more inspiring and balanced trainer. The meeting is intended to appeal to a much wider group than the national representatives to UEMS-CAP alone, and targets individual trainers and also some trainees through EFPT. The central aim of the seminar is to offer an international perspective on new developments and fresh ideas for CAP training through general plenary presentations with working groups and interactive sessions. It offers the chance to learn from other EU colleagues and stimulates participants to share what they learned. In addition, the seminars help build the international training network.

UEMS-wide cooperation in thematic bodies

At the moment, UEMS-CAP has delegates in four different interdisciplinary bodies: 1. the Thematic federation for gender, diversity and inclusivity, 2. the Multidisciplinary committee on adolescent medicine and health, 3. the Thematic federation for green and 4. the Thematic federation for rare diseases.

UEMS-CAP: stronger together

The initiatives listed above help us to put our similarities and differences into perspective with respect for cultural background, economic circumstances, organization of mental health care, and cooperation of child and adolescent psychiatrists together with other professionals. The development of a trusting, well-functioning collaborative network around child and adolescent psychiatry training and advocacy may have only just begun, but its potential holds great benefit. The first steps taken by the UEMS-CAP section have resulted in enthusiastic and encouraging responses. When this paper has tickled your curiosity as a reader about your own chances to contribute, please do not hesitate to take a look at our website (www.uemscap.eu), contact us (hojka.gregoric@guest.arnes.si or uemscap@gmail.com) and join us for any of our future initiatives!

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A vision for our Children's future: AACAP Climate resource group

Dr. Deepika Shaligram (USA),

Dr. Elizabeth Pinsky (USA)

2022 drew to a close as a year marked globally by disasters worsened by climate change, including deadly heat waves in Europe, wildfires in the US and Canada, and devastating flooding in Pakistan (1). Each of these disasters presented children and families with acute trauma and stressors with potential mental health consequences. The US Surgeon General's 2021 Advisory on the pediatric mental health crisis, "Protecting Youth Mental Health," discussed climate change as one of the driving factors behind the burgeoning mental health needs of our children (2). It is becoming increasingly obvious that the environmental determinants of mental health, including air quality, water quantity and quality, and food security and safety, affect income and livelihoods and play an important role, along with social and economic determinants of mental health. In agrarian economies, climate change has precipitated worsening conflict and forced migration (of "climate migrants") or forced immobility. Low- and middle-income countries that have historically emitted low levels of greenhouse gasses are least responsible for climate change, but particularly liable to the effects. A survey of 95 countries by The World Health Organization (WHO) in 2021 showed that only 9 countries have included mental health and psychosocial support (MHPSS) in their national health and climate change plans (3).

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Hence, to address the climate health crisis, the WHO policy brief on mental health and climate change (2022) specified five key approaches to mitigate impacts:

1. Integrate climate change concerns into policies and programmes for mental health, to better prepare for and respond to the climate crisis
2. Integrate MHPSS within policies and programs dealing with climate change and health
3. Build upon global commitments
4. Implement multisector and community-based approaches to reduce vulnerabilities and address the mental health and psychosocial impacts of climate change
5. Address the large gaps that exist in funding both for mental health and for responding to the health impacts of climate change

Given that vulnerable populations such as children and those with pre-existing mental health conditions are disproportionately at risk from climate change-related hazards, at a national level within the US, the American Academy of Child & Adolescent Psychiatry (AACAP) has sought to raise awareness and take action with a multipronged approach.

Firstly, AACAP has created a listserv for members interested in taking action on advocacy, education, research or clinical matters related to Climate change and Eco anxiety. Secondly, AACAP has brought out a "Facts for Families" in March 2022 to highlight the pediatric mental health concerns associated with Climate change (4). The Facts for Families defines Climate or Eco anxiety as "a fear and sense of doom about the possibly irreversible climate change disaster that is occurring in our world". It provides an overview of mental health impacts of climate change on youth and practical steps caregivers can undertake to support youth. Thirdly, AACAP has sponsored Climate change-focused presentations geared toward mental health professionals in its annual meetings over the past few years. Fourthly, there are plans to launch a Climate resource group within its auspices to provide a platform for collaboration on projects (research, clinical, education, etc.) and to foster extramural communication among the different groups working in this space. Further, AACAP is joining the Medical Society Consortium on Climate and Health, a coalition of professional organizations dedicated to organizing and amplifying

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physicians' voices regarding how climate change is harming health. The Consortium's Member medical societies also include the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, American Association for Community Psychiatry, and American Academy of Family Physicians and consist of more than 600,000 healthcare professionals. Thus, AACAP will lead a unified effort on climate change and pediatric mental health in the US.

We have a powerful opportunity as mental health professionals to take action at individual, organizational, national and global levels to fight climate change and implement solutions to foster resilience in the face of the crisis. If we join hands, we can create a healthier and safer future for our children.

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The Intersection of Mental Health and United Nation's Sustainable Development Goals

Leo Meller (Medical Student, USA)

In 2015, the United Nations unanimously adopted the 2030 Agenda for Sustainable Development, which included the 17 Sustainable Development Goals (SDGs). Specifically, the third SDG, namely "Good Health and Well-Being," explicitly incorporated mental health as a critical target for achieving the ultimate objective of peace and prosperity for all. Compared to the 8 Millennium Development Goals (MDGs) adopted by the United Nations in 2000, where mental health was not part of the agenda, incorporating mental health as one of the SDGs is a critical step, as it is one of the first times that mental health was recognized as a global priority. The increase in global mental health burden over the 15-year span of MDGs makes this priority more important than ever, especially considering the impact of the SARS-CoV-2 outbreak on mental health. A notable study by Nochaiwong et al. estimated that during the COVID-19 pandemic, global prevalence of psychological distress, depression, anxiety, post-traumatic stress symptoms are 50%, 28%, 26.9% and 24.1%, respectively. Clinicians world-wide must unite and together push forward the goal of achieving mental well-being for all.

Sustainable Development Goals of the United Nations

While mental health appears to stand alone within the third SDG, it is in fact closely intertwined with the other SDGs. Specifically, we would like to discuss and supplement the perspectives set forth in an article by Ragnhild Dybdahl and Lars Lien from Norway, where the authors detailed the intersection of mental health with nearly all of the SDGs. Drawing attention to SDGs #1,2,10, research has shown that low household income, lower socioeconomic status, and food insecurity are associated with suicide attempts, mental health problems, and depression and stress, respectively. Upon examining other SDGs, it can be similarly seen that the series of environmental-related goals (SDGs #6,7,12, 13,14,15) have significant implications on mental health as well. It is known that environmental elements, such as air pollution, weather, and green space, can both worsen or serve as safeguards of mental health. Hence, the march toward achieving the 17 SDGs does not come without

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recognition of their interconnectedness with mental health, and considerable efforts must be devoted to caring for mental well-being in the 2030 United Nations agenda. Of note, in an article by Votruba and Thornicroft from the United Kingdom, the authors discussed the importance of incorporating tangible mental health indicators, namely the global monitoring of suicide rate and the proportion of persons with severe mental illness that are treated. Indeed, systematic tracking of mental health indicators are necessary to ensure progress in achieving SDGs.

In many ways, the SDGs also particularly impact child and adolescent mental health. The goal of establishing quality education (SDG #4) is critical for building a safe environment for children to grow, learn and discover. As children begin to form an understanding of the complex interaction between self and others and the environment, establishing quality education can provide proper guidance during critical periods of early child neurocognitive development. At the same time, the SDGs of reducing various forms of inequalities and disparities (SDGs #1,2,5,10) are also critical for child and adolescent mental well-being. Given the link between hunger, poverty, discrimination and child and adolescent mental health, eliminating these risk factors via the SDGs will be conducive to healthy child development and reduction of long-term psychiatric illness. Future studies should characterize the impact of SDGs on child and adolescent mental health as we move towards a more equitable, sustainable world for all.

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Meeting Reports

The 2nd International Conference on Child and Adolescent Mental Health Nepal 2022

Dr. Utkarsh Karki (Nepal)

Dr. Arun R Kunwar (Nepal)

The 2nd International Conference on Child and Adolescent Mental Health (ICCAMH) Nepal 2022 was organized on 16th to 17th November at Hyatt Regency, Kathmandu, Nepal.

After many online conferences, webinars and zoom meetings, it was a much anticipated in-person conference. The conference was organized by the Ministry of Health and Population, Nepal, in collaboration with the United Nations Children's Emergency Fund (UNICEF), World Health Organization (WHO), Child Workers in Nepal (CWIN), Transcultural Psychosocial Organization (TPO, Nepal), Center for Mental Health and Counselling (CMC, Nepal), National Mental Health Self-help Organization (KOSHISH, Nepal), Kathmandu Institute of Child Health (KIOCH), Australia Nepal Mental Health Network (Nepal), Unity in Health Nepal, United Mission to

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Nepal (UMN), Nepalese Association of Clinical Psychologists, and the Psychiatrists' Association of Nepal (PAN). Over 300 mental health professionals and allied professionals (national and international delegates) attended the one-and-a-half-day event. The theme of the conference was "Child and Adolescent Mental Health in COVID era," and there were 4 keynote presentations, 26 free paper presentations, 10 poster presentations, 5 symposia and 3 workshops.

The significant psychological and social impacts of COVID 19 have not spared children and adolescents. Severe disruptions to daily life due to COVID 19 in children and adolescents have seriously threatened their mental health and development. Turning this global challenge into an opportunity to advocate for building better mental health care for children and adolescents, we organized this international conference in collaboration with national and international stakeholders. We advocate that a global, national and community-led response to the COVID-19 pandemic must prioritize the mental health of children and adolescents. The ICCAMH conference Nepal was designed to provide a platform for different stakeholders, government and development partners, academia and non-governmental organizations (NGOs), and persons living with a mental health condition or their carers to share knowledge, exchange ideas, and generate a commitment to scale up interventions in child and adolescent mental health and well-being.

The conference was inaugurated by Dr. Chuman Lal Das, Director of Epidemiology and Disease Control Division (EDCD), Ministry of Health and Population, Nepal. The scientific program was then started with a keynote lecture by Dr. Arun R. Kunwar on "Scaling up Child and Adolescent Mental Health (CAMH) in COVID 19 Crisis." The other keynote presentations were: "Parent mediated interventions in children with autism spectrum disorder" by Prof. Dr. K. John Vijay Sagar, "Post COVID Mental Health Crisis in American Schools: Lessons for a looming crisis in Nepal" by Dr. Jo Anne Pandey and "World Mental Health Report 2022: implication for child mental health" by Dr. Kedar Marahatta, WHO Nepal.

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Original research on various areas, such as suicidality in children and adolescents; neurodevelopmental disorders; violence, trauma, and abuse; epidemiology of child and adolescent mental health; substance-related and addictive disorders; and problematic internet use were presented by authors in free paper presentation and poster presentation formats. NGOs and international non-governmental organizations (INGOs) working in the field of child and adolescent mental health had the opportunity to present their much-appreciated work to the audience.

There was overwhelming response and participation in the three workshops that were conducted: "Hands on neurographica art therapy- new avenue in treatment" by Prof. Dr. Nirmal Lamichhane and team, "Art based therapy (ABT) in adolescents" by Karuna Kunwar and team and "Principles of management of substance use disorder in adolescents" by Associate Prof. Dr. Anoop Krishna Gupta and Dr. Prabhat Sapkota. Day one ended with a cultural program that included popular ethnic and cultural dances and singing by medical students, followed by a gala dinner.

Day two was a half-day program, with continuation of scientific paper presentations and a poster presentation gallery walk with interaction with judges for the best poster award. At the closing ceremony, based on detailed observation and application of criteria by 3 judges, the best oral presentation and the best poster paper presentation were awarded to Drs. Jasmine Ma and Bhupendra Gurung, respectively.

The closing ceremony was chaired by Dr. Chuman Lal Das, Director of Epidemiology and Disease Control (EDCD), Ministry of Health and Population. The chief guest of the closing ceremony was Dr. Roshan Pokharel, Secretary, Ministry of Health and Population. He strongly advocated for reforms in policy and expressed his support from the government with regard to child and adolescent mental health.

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WPA thematic congress Treatment and management of mental disorders in the post-pandemic era

Prof. Eka Chkonia (Georgia)

The World Psychiatric Association (WPA) thematic congress, "Treatment and management of mental disorders in the post-pandemic era," was carried out in Tbilisi (Georgia). The congress was supported by the WPA and the European Psychiatric Association (EPA) and had great success among mental health professionals, scientists, and clinicians.

Two hundred fifty participants from more than 20 countries attended three days of scientific meetings, workshops, plenary sessions and symposiums. Outstanding specialists from the world's leading universities and research institutions were invited to Georgia to discuss the post-pandemic challenges in psychiatry and possible solutions. The local organizers of the congress were the Society of Georgian Psychiatrists, Alliance for Better Mental Health, and Global Initiative in Psychiatry - Tbilisi Foundation.

The President of Georgia, Salome Zurabishvili, opened the Congress. She emphasized the significance of mental health care reforms and the importance of fighting against stigma.

The participants were welcomed by Deputy Minister Tamar Gabunia, WPA President Afzal Javed, Fellow of the Royal Society (FRS) Sir Simon Charles Wessely, WPA Central European zonal representative Igor Filipcic, and head of the Society of Georgian Psychiatrists Eka Chkonia.

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Future Meetings and Announcements

Next Generation Europe - a balancing act between clinical, research and political demands -ESCAP 2023 congress

Dimitris Anagnostopoulos, ESCAP President

Nina Teis Jørring, President Child and Adolescent Society, Denmark

Anne Marie Råberg Christensen, ESCAP board member and head of Local Organizing Committee

The 20th International Congress of the European Society for Child and Adolescent Psychiatry (ESCAP) will be held from 29th June to 1st July 2023 in Copenhagen, Denmark. It will be the third time in ESCAP's 30 years long history, we meet in a Nordic Country. The summers here are beautiful and the long summer evenings just magic.

ESCAP pursues the following aims:

- To promote mental health of children and adolescents in Europe
- To increase quality of life among children and families
- To ensure children's rights to a healthy development and wellbeing
- To foster the European knowledge and skills in child psychiatry
- To facilitate and extend the bonds between European countries in mental health issues
- To spread the results of research by publishing reports and organizing scientific conferences and meetings and through collaboration with international organizations with the same aims

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At the congress we want to learn of the latest research results, get to know the newest evidence-based treatments and to listen to the newest creative initiatives for cooperation with families, patient organizations, and other sectors. Both ESCAP and The Danish Child and Adolescent Society (BUP-DK) have long been actively lobbying and participating in the public debate for better conditions for children and adolescents with mental problems. Thus, the title: Next generation Europe - a balancing act between clinical, research and political demands.

The congress is open for all specialties and trainees with an interest in mental health of children and adolescents. EACCME® accreditation has been applied for. Abstract submission is now open and will close on 5th January 2023. We are calling for oral and poster presentations, symposia, Clinical Perspectives, Trainee Case Presentations and Workshops. Further information including submission guidelines can be found on the congress website: https://www.escap2023.eu/

We are excited to have been able to secure the following keynote speakers:

- Prof. Christoph Corell, Charité Berlin/Germany and Hofstra University, New York/USA on Pharmacologic Treatment and Research in Youth with Severe Mental Illness in Europe
- Prof. Ruth Feldman, Reichman University, Herzliya/Israel on Attachment and Resilience
- Prof. Tamsin Ford, University of Cambridge/UK on Mental Health interventions in schools and preventative measures in general
- Prof. Anita Thapar, Cardiff University/UK on Genetics and phenotypical associations
- Prof. Anna Amalie Elgaard Thorup, University of Copenhagen/Denmark on The Danish High Risk and Resilience Studies: VIA 7 - VIA 15
- Prof. Henning Tiemeier, Harvard T.H. Chan School of Public Health/USA on Birth cohorts and child psychiatric epidemiology: some milestones and many challenges

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In the Monocle survey Copenhagen was ranked as the 'most livable' city in 2021 and 2022. The criteria in this survey include safety, international connectivity, climate, public transport, tolerance, access to nature, urban design and medical care. Furthermore, the ability to transform and renew itself. Copenhagen has done this among other things by building new biking and pedestrian bridges. One of them is the Circle Bridge by Icelandic artist Olafur Eliason-inspiration for the congress logo.

We look forward to welcoming you in Copenhagen!

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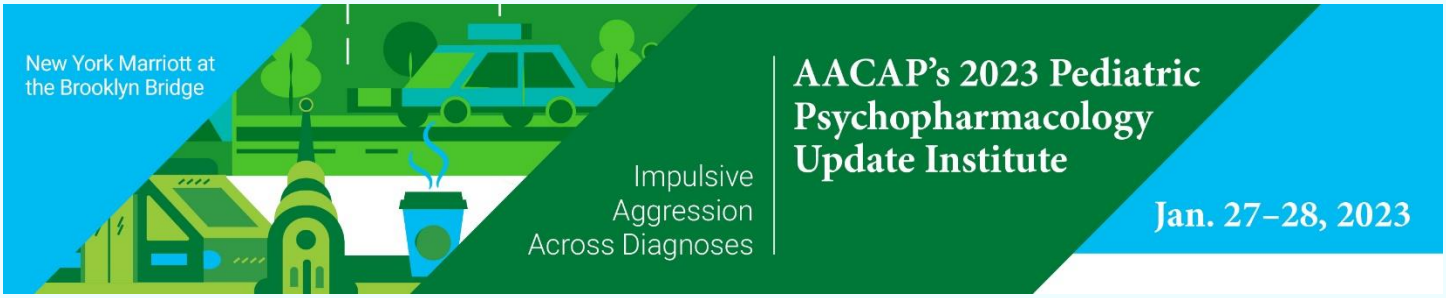

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