



**International Association for Child and Adolescent Psychiatry
and Allied Professions**

IACAPAP

Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent
et des Professions Associées

Statement at the 65th Session of the WHO Regional Committee for Europe

Agenda item 5 (a): Promoting intersectorial and interagency action for health and well-being in the WHO European Region

High rates of comorbidity of child/adolescent psychiatric disorders requires complex and multisectorial help, development of specialised treatment programmes. Most problematic areas that urgently needs bigger sensitivity, attitude and constructive help for children and their families in the societies:

- Bullying, cyber-bullying, deliberate self-harming behaviour, attempted suicides.
- Psychosocial functioning of immigrant children and rapidly traveling families.
- Children/adolescents having attention deficit hyperactivity disorder (ADHD), autistic spectrum features, specific developmental learning disorders, emotional, mood, behaviour disorders, and substance use (often comorbid states). ADHD is one of the most common disorders with estimated international prevalence at 5%, but recognition that ADHD persists into adulthood for approximately two-thirds is relatively recent and appropriate services during transitions from child and adolescent mental health services together with gaps in transition to adult services seems to be particularly severe for individuals with ADHD and comorbid disorders.
- Cannabis and other substance use and its relationship with psychiatric disorders.
- Eating disorders, perception of body image and tendencies of unhealthy eating behaviour.
- Children whose parents are divorcing or have divorced.
- Children affected by psychopathology of their parents.

- Mobile, TV, computer timing, addictions to modern technologies and difficulties of finding relevant and well-balanced after-school activities.

Child and adolescent psychiatry is one of the most socially oriented among medical specialities; child psychiatrists often work together with large multidisciplinary teams. Funding and organisation of public sector services such as health, education, social affairs and justice vary between countries; this is largely due to historical differences in the process of building inter-sectorial cooperation. Close cooperation and active participation of mental health specialists in prevention, early intervention and research in the educational sector seems beneficial for the communities.

Description of good practices is very beneficial and encouraging. New models of service delivery should change rigid systems. Organising meetings of policy makers including active and responsible people in the areas and giving epidemiological data, good examples or suggestions about how to improve the situation are very helpful. Advising decision makers or government ministers about how to best use limited resources is also valuable, for example, about the age groups for which prevention or treatment programs are most beneficial, or how to structure existing, non-effective services.

Agenda item 5 (c): Priorities for health systems strengthening in the WHO European Region 2015-2020: walking the talk on people centeredness

Our first concern is the level of unmet need for child and adolescent mental health care and burden of maltreated mental diseases to the societies. Mental health problems are one of the major sources of problems for the young. Child and adolescent mental health problems should be considered a public health priority. Tackling as young age as possible to determine development disorders is essential. Infant mental health and early treatment/rehabilitation programs should be prioritized in every country.

For a long time there has been an irrational attitude in many societies about mental illness in general and child and adolescent mental illness in particular. Since Jean-Jacques Rousseau and even earlier it was considered that children were “pure”, not corrupted by society, and thus they could not suffer from mental illnesses. Only adults, because of the heavy burden of living, could suffer from these problems. Hence, for example, depression

cannot exist in children and ADHD is just a fantasy created by overzealous professionals. Unfortunately many child and adolescent psychiatric patients do not elicit empathy—opposite to what happens with most somatic diseases. This is particularly true for patients with externalized disorders who are just perceived as badly behaved children or evolving delinquents, rarely as children who suffer from overwhelming impulsivity and mood dysregulation. However, this has changed considerably and understanding of the importance, benefits and advantages of the field of child/adolescent mental health is slowly growing.

IACAPAP has more than 50 years of history together with a strong tradition of international cooperation. People working in the field of child mental health belong to the same world community while coming from very different countries. Recently IACAPAP decided to develop a MOOC (Massive Open Online Course) on “Essentials of child and adolescent mental health across the world”. A MOOC is a combination of free online courses with interactive user forums that help build a community for students and teachers. Its main role will be to make professionals in contact with children and adolescents aware of the main mental health disorders—a first step in the world of child and adolescent psychiatry, a springboard to the IACAPAP Textbook of Child and Adolescent Mental Health (e-Book) that is free and available to everyone.