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**CHILDREN, SOCIETY AND FUTURE**



**III CONGRESS ON MENTAL HEALTH:  
MEETING THE NEEDS OF THE XXI CENTURY**





## CONCEPT

### III Congress on Mental Health: Meeting the Needs of the XXI Century

#### CHILDREN, SOCIETY AND FUTURE

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Moscow, Russia

#### Introduction

At the Third UN High-level Meeting on Noncommunicable Diseases, it was stated that hundreds of millions of people suffer from mental, neurological and substance use disorders, including depression, alcohol dependence, anxiety disorders, bipolar disorder, schizophrenia and dementia. About 800 000 people each year commit suicide<sup>1</sup>. A study published by the World Economic Forum and the Harvard School of Public Health demonstrates the global mental health costs (and their consequences), which will have risen to \$ 6 trillion by 2030 compared with \$ 2.5 trillion in 2010. These numbers exceed the corresponding economic expenses on cancer, diabetes and respiratory diseases altogether<sup>2</sup>. According to data of the Mental Health Foundation (UK), one out of four people each year experiences a certain mental health issue<sup>3</sup>. The majority of the world's population (about a quarter) are children and adolescents under the age of 15; about 40% are young people under the age of 25<sup>4</sup>. According to the WHO data, 10–20% of the population within these age categories suffer from mental disorders, half of which develop before the age of 14, and three quarters – before the age of 20<sup>5</sup>.

These numbers indicate the crucial importance of preventive measures and rehabilitation services at the early stages of people's lives to preserve their mental health, develop their individual spiritual, physical, social and economic capabilities, which, in turn, are of primary value for the well-being and prosperity of any socio-economic system in modern society.

#### **International, organizational and legal frameworks recognizing the importance of child and adolescent mental health**

In 1989, the UN General Assembly adopted the Convention on the Rights of the Child, in which member states recognized the right of every child to the standard of living necessary for his or her full and comprehensive (physical, mental, spiritual, moral and social) development (Article 27), as well as access to

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<sup>1</sup> Time to deliver/ Third high-level meeting of mental health among the non-communicable diseases, September 27, 2018. New York. P.2// <http://www.whogis.com/ncds/governance/third-un-meeting/brochure.pdf>

<sup>2</sup> Mental Health. Global Issue/ World Economic Forum// <https://toplink.weforum.org/knowledge/insight/a1Gb0000000pTDbEAM/explore/summary>

<sup>3</sup> Fundamental Facts About Mental Health 2015 / Mental Health Foundation, October 2015. P. 5 // <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>

<sup>4</sup> Afzal Javed. Vision for the future//World Child and Adolescent Psychiatry, World Psychiatric Association, Child and Adolescent Psychiatry Section's Official Journal, issue 15, p.3, 2018.

<sup>5</sup> Child and adolescent mental health/WHO// [https://www.who.int/mental\\_health/maternal-child/child\\_adolescent/en/](https://www.who.int/mental_health/maternal-child/child_adolescent/en/)

the most advanced services of the health care system and means of disease treatment and health restoration (Article 24).

In 2008, a comprehensive WHO Mental Health Gap Action Programme (mhGAP) was launched to address the gaps in the area of mental health<sup>6</sup>.

In May 2013, the WHO Comprehensive Mental Health Action Plan for 2013–2020 was adopted. This plan sets forth, *inter alia*, strategies for the mental health of children and adolescents, which include, but are not limited to:

- Influencing adverse conditions of individual development as well as of the external environment at a young age, as a factor in preventing the risk of mental disorders.
- Providing services to the most vulnerable groups, including infants, children and adolescents who are subjected to abuse and violence, have suffered from natural disasters or armed conflicts and riots, and/or have participated in hostilities themselves; and adolescents who suffer from exposure to psychoactive substances.
- Preventing suicide, the second most common cause of death among young people all over the world.
- Redistributing the fairly limited financial resources for mental health in the public health care systems of national economies, as well as in their targeted motherhood and childhood protection programs.
- Using an approach to address the need for medical and social services throughout the life cycle of a person, including infancy, childhood, and adolescence.
- Ensuring early intervention and assistance to children and adolescents with mental disorders through the provision of evidence-based and community-based psychosocial and other non-pharmaceutical services, avoiding institutionalization and medicalization, respecting and preserving human rights.
- Creating early childhood programs to promote the cognitive, sensorimotor and psychosocial development of children and to facilitate a healthy relationship between children and their parents and/or carers.
- Protecting children from violence and abuse by creating or strengthening the child protection system at the primary level.
- Considering the needs of children whose parents suffer from chronic mental disorders in mental health programs.
- Introducing measures to overcome family crises and assist families and guardians, starting from the primary health care stage.
- Including emotional and mental health issues in prenatal and postnatal care for mothers and newborns both at home and in medical facilities, as well as in parenting skills training.

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<sup>6</sup> WHO Mental Health Gap Action Programme (mhGAP). World Health Organization 2008.// [https://www.who.int/mental\\_health/evidence/mhGAP/en/](https://www.who.int/mental_health/evidence/mhGAP/en/)

- Designing school programs to promote health and prevent mental disorders through developing life skills, countering violence, promoting healthy lifestyle strategies and educating about risks of substance use; as well as providing early detection and timely help for children and adolescents with emotional and behavioral problems<sup>7</sup>.

The United Nations 2030 Agenda for Sustainable Development, adopted by UN member states in September 2015, acknowledges the importance of mental health that calls for promoting mental health and wellbeing in target 3.4, and refers to mental health and well-being in the preamble. Nineteen references to children throughout, are included in various goals, including about ending poverty and hunger, ensuring healthy lives and quality education, reducing inequality and promoting peace.

Strategic areas for the comprehensive plan on childhood and adolescent mental health are also reflected in a number of global documents of UN system organizations, including, but not limited to: the Convention on the Elimination of All Forms of Discrimination against Women<sup>8</sup>, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)<sup>9</sup>, the Sendai Framework for Disaster Risk Reduction 2015–2030<sup>10</sup>, the WHO Human Rights Campaign<sup>11</sup>, the Global Compact for Safe, Orderly and Legal Migration<sup>12</sup>, the Declaration of the Third UN General Assembly High Level Meeting on mental health as part of prevention and control of noncommunicable diseases<sup>13</sup>, the United Nations Resolution on Universal Health Coverage<sup>14</sup>, the United Nations Human Rights Council Resolution on Mental Health and Human Rights (A/HRC/36/L/25)<sup>15</sup>, the UN Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules)<sup>16</sup>, the Convention on the Rights of Persons with Disabilities<sup>17</sup>.

## Factors affecting child and adolescent mental health

*Several factors affect child and adolescent mental health that are important to recognize in order to avoid negative impacts and insure health development. These include, but are not limited to, the below.*

<sup>7</sup> Comprehensive mental health action plan 2013–2020. Adopted by the 66th World Health Assembly. / Ninth plenary meeting. 27 May 2013. A66/VR/9// [https://www.who.int/mental\\_health/action\\_plan\\_2013/en/](https://www.who.int/mental_health/action_plan_2013/en/)

<sup>8</sup> Convention on the Elimination of All Forms of Discrimination against Women. Конвенция о ликвидации всех форм дискриминации в отношении женщин. Adopted by General Assembly resolution 34/180 of December 18, 1979..

<sup>9</sup> [https://www.who.int/maternal\\_child\\_adolescent/documents/women-deliver-global-strategy/ru/](https://www.who.int/maternal_child_adolescent/documents/women-deliver-global-strategy/ru/)

<sup>10</sup> [https://www.unisdr.org/files/49455\\_sendaiframeworkfordrren.pdf](https://www.unisdr.org/files/49455_sendaiframeworkfordrren.pdf)

<sup>11</sup> [https://www.who.int/mental\\_health/policy/quality\\_rights/en/](https://www.who.int/mental_health/policy/quality_rights/en/)

<sup>12</sup> <https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/07/migration.pdf>

<sup>13</sup> [https://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf](https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf)

<sup>14</sup> [https://www.who.int/universal\\_health\\_coverage/un\\_resolution/en/](https://www.who.int/universal_health_coverage/un_resolution/en/)

<sup>15</sup> <https://www.ohchr.org/EN/Issues/Pages/MentalHealth.aspx>

<sup>16</sup> The United Nations 1985 Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules)/ <http://www.un.org/documents/ga/res/40/a40r033.htm>

<sup>17</sup> The Convention on the Rights of Persons with Disabilities/

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

## **Component 1. Prevention of Mental Disorders and Promotion of Mental Health Values Among Children and Adolescents**

### ***Mental health in the context of prenatal and postnatal care for mothers and newborns***

The physical, cognitive, emotional, and behavioral development of a child is largely determined by biological and social determinants at the early stages of conception, pregnancy and the postnatal period<sup>18</sup>. During prenatal development in the first thousand days in-utero, the healthy formation of the fetus brain is critical for the entire lifespan, including to ensure quality of health and well-being, academic and professional success, and harmonious relationships<sup>19</sup>. Further, an emotionally and physically unfavorable environment adversely affects the development of the child's brain and leads to a delay in overall development. More than a million children die each year due to premature birth complications, and many who survive suffer losses related to physical, cognitive, emotional, and behavioral development, which creates a significant burden for their families and society<sup>20</sup>.

According to studies, prenatal, perinatal and environmental risk factors, including advanced maternal and paternal age and specific gene mutations, can lead to impaired development of the child, including Autism Spectrum Disorders (ASD)<sup>21</sup>. To counteract these outcomes, early diagnosis of child developmental disorders may be performed from the moment of birth to 2 years of age<sup>22</sup>, thus ensuring the timely intervention of specialists in various fields and engaging the process of rehabilitation and socialization of children with special needs.

The prenatal development of a genetically healthy fetus may acquire abnormalities when exposed to various unfavorable external factors. These include: smoking and alcohol abuse; unhealthy diet; abnormal weight<sup>23</sup>; poor environmental and emotional states; and viral and bacterial diseases during pregnancy. Timely detection and elimination of such problems can stabilize the condition of the fetus and normalize further development.

To avoid these problems and improve the chances of a healthy pregnancy, aspiring parents-to-be should undergo appropriate training and to be adequately prepared long before conception. It is further important for expecting mothers to be

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<sup>18</sup> Knowledge Network for Early Child Development/Analytic and Strategic Review Paper: International Perspectives on Early Child Development. Prepared by Stefania Maggi, Lori G. Irwin, Arjumand Siddiqi, Iraj Poursalami, Emily Hertzman & Clyde Hertzman for the World Health Organization's Commission on the Social Determinants of Health, December 2005// [https://www.who.int/social\\_determinants/resources/ecd.pdf](https://www.who.int/social_determinants/resources/ecd.pdf)

<sup>19</sup> Eliot Sorel. Expert opinion / Book about the II Congress on Mental Health: Meeting the Needs of the XXI Century // Union for Mental Health, Moscow, 2018, p. 42

<sup>20</sup> Emilia Afrange. Psychologist's Work in a Multiprofessional Health Team in Premature Child Care/ Congress on Mental Health: Meeting the Needs of the XXI Century. Collection of Scientific Papers, 7-8 October, 2016, P.15

<sup>21</sup> Meeting report: autism spectrum disorders and other developmental disorders: from raising awareness to building capacity/World Health Organization, Geneva, Switzerland, 16 -18 September 2013// [https://apps.who.int/iris/bitstream/handle/10665/103312/9789241506618\\_eng.pdf;jsessionid=98FB7D5FE74120D1F5495DC841E555AD?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/103312/9789241506618_eng.pdf;jsessionid=98FB7D5FE74120D1F5495DC841E555AD?sequence=1)

<sup>22</sup> [https://autismnavigator.com/asd/materials/What\\_is\\_ASD.pdf](https://autismnavigator.com/asd/materials/What_is_ASD.pdf)

<sup>23</sup> <https://www.bbc.com/news/health-44467745>

constantly monitored and regularly examined throughout the pregnancy. These steps are consistent with research data noting that about 10% of pregnant women and 13% of post-delivery women suffer from mental disorders. The latter group primarily suffer from a form of post-partum depression, which impairs functioning and can lead to suicidal thoughts in some cases. Such mothers' condition in turn can negatively affect the development of children. Prevention and effective treatment of mental disorders in mothers is essential. Service should always be provided by well-trained staff but can be offered in non-specialized medical institutions<sup>24</sup>.

### ***Mental health in preschool children***

The period of early childhood (1-3 years) is characterized by active development of the child's intellectual, social and emotional potential. This stage is marked by improvement of motor skills, speech and psyche; active growth; increase in the complexity of the child's psychological skills; and enhancement of motor activity. During this period, social ties begin to form. The acquisition of speech ensures a transition from individual to social development<sup>25</sup>.

The preschool age (3-7 years) is characterized by changes in the social situation of the child, since children become more independent during this period, thus altering relations with both peers and adults<sup>26</sup>. This process is important for mental health, since the degree of social competence is a key characteristic of some mental disorders. As in-utero noted above, an emotionally and physically unfavorable external environment at this stage can adversely affect brain development, leading to cognitive, social and behavioral delays. Research has shown that during this period, every fifth child may have mental problems, e.g., attention deficit/hyperactivity disorder (ADHD), oppositional behavior, anxiety, depression, or fears<sup>27</sup>.

### ***Second period of childhood: school age***

According to researchers, the school age is considered one of the most difficult in terms of mental health preservation<sup>28</sup>. By the age of 8–9, the child already has a well-established type of higher neural activity. Yet during this period, the child's social personality is formed, through interactions of teachers, parents, and peers particularly in the school setting. The nature of these relationships, as well as the educational environment, e.g., the content and methods of instruction, goals of education and age-appropriateness of the educational materials all affect healthy

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<sup>24</sup> [https://www.who.int/mental\\_health/maternal-child/maternal\\_mental\\_health/en/](https://www.who.int/mental_health/maternal-child/maternal_mental_health/en/)

<sup>25</sup> Москва Gluzman, Zh. Childhood Neuropsychology / Publishing Center "Akademiya", 2009, Moscow

<sup>26</sup> <http://fb.ru/article/288253/voznastnyie-kategorii-naseleniya-voznastnyie-kategorii-lyudey-po-godam>

<sup>27</sup> [https://link.springer.com/referenceworkentry/10.1007/978-0-387-71799-9\\_330](https://link.springer.com/referenceworkentry/10.1007/978-0-387-71799-9_330)

<sup>28</sup> Volodina S. Mental Health of Younger Adolescents as a Necessary Condition for their Adaptation to the New Educational Environment / Collection of Research Articles. II Congress on Mental Health: Meeting the Needs of the XXI Century // Union for Mental Health, Moscow, 2016, p. 266

psychological growth of children<sup>29</sup> while conversely, unfavorable conditions or experiences in these relationships create risks for the child's mental health. To insure the former positive outcome, international studies have shown that educators need to be taught basic mental health strategies, including measures to prevent bullying and harassment, as well as effective ways to manage disruptive behaviors<sup>30</sup>. Studies also show that academic performance, and even outstanding educational achievements, are not related to children's mental well-being and the possibility of successful realization of their accumulated potential in the future. On the contrary, perfectionist attitudes and the dominance of orientation for success can lead to emotional maladjustment as frequently as pedagogical neglect<sup>31</sup>. Problems during schooling, coupled with problems at home in upbringing during this period can lead to dysfunctions, such as oppositional defiant behavior, engaging in dangerous or illegal activities, suicidal ideation, and withdrawal by obsession with the digital world<sup>32</sup>. Research shows that 50% of mental disorders occur before the end of childhood<sup>33</sup>, with anxiety (6.9%) and attention deficit/hyperactivity disorder (ADHD) (8.2%) being most common<sup>34</sup>.

Recognizing early signs of problems and providing appropriate support can prevent the escalation of symptoms and improve the child's mental health for the present and future.

### ***Adolescent mental health***

Adolescence presents the important stage for the transition to adulthood. This period is marked by the maturation of all brain structures and by significant somatic and mental changes, culminating in puberty (at the age of 12–13 for girls and 15–16 for boys). The processes of separation from parents while solidifying self-determination and building new relationships is accompanied by a strong dependence on social environment. This period presents many crises on many levels, which increases the risk of mental illness.

Statistics bear out this vulnerability, given that 75% of mental disorders occur before the end of adolescence<sup>35</sup>. According to research, 1.3 million adolescents died in 2012 for reasons related to, among other things, these illnesses, including suicide and interpersonal violence<sup>36</sup>. In 80% of adolescents, insufficient

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<sup>29</sup> Karabanova O. School Educational Environment: Risks and Resources of Mental and Psychological Health and Development of Children and Adolescents / Collection of Research Articles. II Congress on Mental Health: Meeting the Needs of the XXI Century // Union for Mental Health, Moscow, 2016, p. 51

<sup>30</sup> Tom K.J. Craig. Expert Opinion Statement/ Book about the II Congress on Mental Health: Meeting the Needs of the XXI Century// Union for Mental Health of Russia, Moscow, 2018, p.59

<sup>31</sup> Kholmogorova A. Expert opinion / Book about the II Congress on Mental Health: Meeting the Needs of the XXI Century // Union for Mental Health, Moscow, 2018, p.52

<sup>32</sup> Rubtsov V. Expert opinion / Book about the II Congress on Mental Health: Meeting the Needs of the XXI Century // Union for Mental Health, Moscow, 2018, p.31

<sup>33</sup> Comprehensive mental health action plan 2013–2020. WHA66.8. – 27 May 2013

<sup>34</sup> <https://www.psychology.org.au/for-members/publications/inpsych/2017/dec/Primary-school-aged-children's-mental-health>

<sup>35</sup> Comprehensive mental health action plan 2013–2020. WHA66.8. – 27 May 2013

<sup>36</sup> Global strategy for Women's, Children's and Adolescents' Health (2016–2030).

[https://www.who.int/maternal\\_child\\_adolescent/documents/women-deliver-global-strategy/ru/](https://www.who.int/maternal_child_adolescent/documents/women-deliver-global-strategy/ru/)

physical activity was noted, which can be co-morbid with non-drug addictions (e.g., Internet addiction) and eating disorders. Additionally, a common cause of death for adolescent girls is suicide due to unwanted pregnancy and sexual abuse. Behavioral disorders that tend to develop in this stage of adolescence are usually associated with drug use, crime, antisocial behavior, interpersonal and family problems, and poor physical health<sup>37</sup>.

Recognizing the signs of mental disorders is necessary for timely referral to specialists of any adolescent suffering such problems. Teachers, educators, school psychologists, counselors and nurses, parents, and peers must be educated to notice the signs of distress, with a planned response scheme. This can include referrals to specialists in various fields, including counselors and general practitioners.

This period is dominated by the need for acceptance by peers and a shift in the significance of different areas of competence (e.g., from academic achievement to social acceptance)<sup>38</sup>. The importance of peer relations makes interventions based on the peer-to-peer education model particularly useful in such fields as promotion of the values of a healthy lifestyle; prevention of eating disorders (e.g., anorexia nervosa, compulsive overeating, bulimia nervosa), of chemical addictions (e.g., tobacco smoking, alcohol and drug addiction) and of non-chemical addictions (e.g., to the Internet), of violence (aggression), depression and suicides, and stress (e.g., by building stress resistance)<sup>39</sup>.

Given physiological development in this stage, maintenance of sexual and reproductive health is crucial.

## **Component 2. Children and adolescents with special mental health needs: treatment and rehabilitation**

As noted earlier, mental disorders are widespread among children and adolescents of different age groups. Many do not receive professional help.

Findings from various countries show that about 12–29% of children who seek help in primary health care facilities suffer from mental disorders<sup>40</sup>. Examples of such disorders include mood disorders, stress-related disorders and somatoform disorders, as well as mental and behavioral disorders due to the use of psychoactive substances.

In the first few years of life, young children may develop disorders in the formation of psycho-emotional connections. At the age of 4–6, hyperkinetic and behavioral disorders become prevalent. Classification systems can lead to difficulties making cross-cultural comparison in that practitioners may categorize the same symptoms differently<sup>41</sup>. Yet, it has been documented that, in some

<sup>37</sup> Caring for children and adolescents with mental disorders. Setting WHO directions. World Health Organization, Geneva, 2003

<sup>38</sup> Scheblanova E., Petrova S. General and Academic Self-Concept of Gifted Secondary School Students. *Psychological Research*, 2014, 7(38), 7. <http://psystudy.ru>

<sup>39</sup> Borodin V., Treushnikova N., Babenko O., Babenko A. Healthy Generation. A Practical Guide for School Psychologists on Adolescent Mental Health. / Union for Mental Health, Moscow, 2018.

<sup>40</sup> Giel R et al. (1981). Results of observations in four developing countries. *Pediatrics*, 128:513-522.

<sup>41</sup> Mann EB et al. (1992). Cross-cultural differences in rating hyperactive-disruptive behaviors in children. *American Journal of Psychiatry*, 149:1539-1542.

countries, these disorders are quite common in childhood and occur in approximately 10% of boys and 5% of girls<sup>42</sup>. At a later age, children and adolescents may develop behavioral disorders, including those associated with the use of psychoactive substances. Besides such cases - who can be diagnosed with a mental disorder – a much larger number of children and adolescents suffer from so-called "sub-threshold" problems, which do not meet diagnostic criteria. These can be overlooked for treatment, though they would certainly benefit from professional attention, especially from targeted medical and non-medical interventions.

It should be pointed out that adolescence is also a period where severe mental illnesses as schizophrenia and bipolar affective disorder can manifest. In these cases, it is necessary to have specialized services from a team of experts in various fields. This team should include medical professionals, e.g., pediatricians, pediatric neurologists, and general practitioners, as long as they are trained to identify mental disorders and make a referral to a mental health professional for more in-depth diagnosis and treatment plan. In addition to psychopharmacological treatment typically applied by these professionals, equal involvement of psychotherapeutic and psychosocial experts is strongly advised. Research shows that a more holistic view of the person and more comprehensive view of treatment is most effective, implementing a biopsychosocial method. For example, psychosocial rehabilitation and family therapy combined with drug therapy can significantly reduce the frequency of schizophrenia relapses. In the case of developmental disorders, e.g., autism spectrum disorders, mental developmental delays, and genetic abnormalities with intellectual and mental disorders, the traditional therapeutic approach that emphasizes medications has been shown to be less effective than when combined, or replaced, by psycho-orthopedic and rehabilitative approaches.

Currently, pediatric psychopharmacology has been successful in the treatment of various disorders. Yet this approach has detriments, including a limited number of drugs allowed for use in pediatric practice and the complexity of their application (including that some off-label drugs are used<sup>43</sup>); a significant number of drug side effects; low parental compliance with drug therapy for their children; and insufficient studies reflecting drug safety and efficacy for specific symptoms and disorders in each age group<sup>44</sup>.

Psychosocial rehabilitation of persons with mental disorders is an essential element of treatment. This includes various principles:

- partnership (that sufferers are equal partners in their care with their carers);
- versatility of efforts to implement a rehabilitation program;

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<sup>42</sup> American Academy of Child and Adolescent Psychiatry (1997). Practice parameters for the assessment and treatment of children, adolescents, and adults with attentiondeficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(suppl):85S-120S.

<sup>43</sup> Kornø KT, Aagaard L. Off-Label Prescribing of Antipsychotics in a Danish Child and Adolescent Mental Health Center: A Register-Based Study. *J Res Pharm Pract*. 2018 Oct-Dec;7(4):205-209.

<sup>44</sup> Grover S., Kate N. Child psychopharmacology: how much have we progressed? *World Psychiatry* 2:12, 2013. – P. 127-128.

- unity of biological and psychosocial impact;
- gradation (transitivity) of the applied impacts and measures<sup>45</sup>.

Addressing psychosocial rehabilitation of children and adolescents requires specialization of professionals trained in child care, distinct from adults. That includes pediatricians, child psychiatrists, child psychologists, child psychotherapists, social workers schooled in child and family issues, defectologists, and special educators trained in medical treatment and rehabilitation activities of youth<sup>46 47</sup>.

Further an interdisciplinary approach, engaging a team of these specialists, is recommended.

In addition, the approach to psychosocial rehabilitation for children should be an integrated two-pronged approach consisting of simultaneously integrating the child into the community while addressing the disability in the child, with the latter focused on normalization and restoration of weakened personality resources<sup>48</sup>.

The approach to psychosocial intervention with the child should also be interdisciplinary. This includes individual psychotherapeutic methods, e.g., (cognitive behavioral therapy <sup>49</sup> that focuses on coping strategies, psychoanalytic psychotherapy <sup>50 51</sup>, narrative therapy and art therapy<sup>52 53 54</sup>, and the emerging hippotherapy (i.e., the use of horseback riding as a therapeutic or rehabilitative treatment, especially as means of improving coordination, balance, and strength).

Group therapy is also valuable, to promote social skills<sup>55 56</sup> through sharing experiences and gaining others' support<sup>57</sup>. Interventions with the family are further useful, including psycho-education of the parents<sup>58</sup> to encourage healthy interaction

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<sup>45</sup> Kabanov M.M. Rehabilitation of the Mentally Ill. 2nd ed., Revised and corrected. L.: Meditsina, 1985. 216 p.

<sup>46</sup> Mental Health and Psychosocial Development of Children. Report of the WHO Expert Committee // Technical Report Series 613. - Geneva, 1979

<sup>47</sup> Koren E. Psychosocial Rehabilitation of Children and Adolescents with Mental Disorders in Modern Conditions // Social and Clinical Psychiatry. 2008. vol. 4. - P. 5-14.

<sup>48</sup> Gurovich I., Shmukler, A. Practical Course on Psychosocial Treatment and Rehabilitation of the Mentally Ill. - M.: Medpraktika- M, 2002. - 179 p.

<sup>49</sup> Zhou X. et al. (2019) Different Types and Acceptability of Psychotherapies for Acute Anxiety Disorders in Children and Adolescents: A Network Meta-analysis. JAMA Psychiatry. 2019 Jan 1;76(1):41-50.

<sup>50</sup> Klein M. On the development of mental functioning. The writings of Melanie Klein. London, Hogarth, 1975, vol. 3, pp. 236-246.

<sup>51</sup> Freud A. Child analysis as a sub-speciality of psychoanalysis. The Writings of Anna Freud. New York, International Universities Press, 1971, vol. 7, pp. 204-219.

<sup>52</sup> Leontyeva T. Emotional Development of Adolescents by Means of Art Therapy // Herald of Kazan State University of Culture and Arts. Vol. 2. 2014. - p. 65-69.

<sup>53</sup> Zhakavaeva E. Psychological Assistance to Families by Means of Art Therapy in Pre-School Institutions // Omsk Research Herald, vol. 1 (105), 2012, p. 154-157.

<sup>54</sup> Belozeroва G. Artistic Culture as a Factor of Inculturation and Socialization of "Special" Children // Theory and Practice of Social Development, vol. 12, 2012. p. 390-392.

<sup>55</sup> Ebata A., Moos T. Coping and adjustment in distressed and healthy adolescents // J. Applied Devel. Psychol. 1991. Vol. 12. P. 33-54.

<sup>56</sup> Haller C., Andres K., Hofer A. et al. Psycho-educational coping-oriented group therapy for schizophrenia patients // Neuropsychiat. 2009. Vol. 23, N 3. P. 174-183.

<sup>57</sup> Tuttle J., Campbell-Heider N., David T.M. Positive adolescent life skills training for high-risk teens: results of a group intervention study // J. Pediatric Health Care. 2006. Vol. 20, N 3. P. 184-191.

<sup>58</sup> Goldberg-Arnold J.S., Fristad M.A., Gavazzi S.M. Family psychoeducation: Giving caregivers what they want and need // Family Relations. 1999. Vol. 48, N 4. P. 411-417.

and support for the child<sup>59 60</sup> as well as treatment compliance and elimination of fears and stigmatization about treatment, and even about institutions that provide rehabilitation activities and treatment.

Such multi-dimensional, multi-disciplinary and integrated approach to the treatment of children and adolescents with mental disabilities must also include active interaction with the primary health care network<sup>61</sup>, in order to maximize prevention, integration of treatment, and significantly reduce the economic and social burden of mental disorders.

### **Component 3. Mental health of gifted children**

Children with signs of giftedness in varied fields of special abilities or who show accelerated development in select intellectual or behavioral functioning may also manifest specific problems of mental imbalance and/or other disorders in the emotional-volitional sphere. These can include advancement in a particular ability and lag in other subjects (e.g., the combination of a high level of mathematical skills with dysgraphia); inadequate response to external stimuli and difficulties in adapting to the environment; speech problems or increased exhaustion and inability to endure activities requiring long-term physical or mental effort<sup>62</sup>.

Studies show that children with autistic disorders have special isolated mnemonic ability, visuospatial abilities, computational, and artistic or musical skills<sup>63</sup> which contribute to the development of outstanding talents.

While gifted characteristics are healthy for the child in the terms of self-esteem and social interaction, specific social and emotional characteristics of gifted children can lead to psychological risks. These demand the need to design special programs for the preservation of these children's mental health. Further, such conditions in the child, when combined with lack of understanding from parents, educators, psychologists, and/or medical workers, can lead to erroneous diagnoses and inadequate treatment<sup>64</sup>.

### **Component 4. Mental health of children and adolescents in difficult life situations**

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<sup>59</sup> Ruffalo M.C., Kuhn M.T., Evans M.E. Developing a parent-professional team leadership model in group work: Work with families with children experiencing behavioral and emotional problems // *Social Work*. 2006. N 51. P. 39-47.

<sup>60</sup> Koren E., Kupriyanova T., Sukhotina N. Group Psychosocial Multi-family Therapy with Parents of Children and Adolescents with Schizophrenic Spectrum Disorders: a Pilot Study // *Social and Clinical Psychiatry*, vol. 22 (1). - 2012. - pp. 71-76.

<sup>61</sup> Политика и планы в области охраны психического здоровья детей и подростков. © Всемирная организация здравоохранения, 2006.

<sup>62</sup> Глозман Ж.М. Нейропсихология детского возраста/Издательский центр «Академия», 2009, Москва, с.181

<sup>63</sup> Francesca Happé. Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK. Перевод: Шишорин Р.М. (Москва). Редактура: к.м.н. Руженкова В.В. (Белгород)/(World Psychiatry 2018;17(3):280-281)

<sup>64</sup> Webb, J.T., Amend, E.R., Webb, N.E., Goerss, J., Beljan, P., & Olenchak, F.R. Misdiagnosis and dual diagnoses of gifted children and adults: ADHD, Bipolar, Asperger's, Depression, and Other Disorders. Scottsdale, AZ: Great Potential Press.

According to the UNICEF, the United Nations International Children's Emergency Fund, the United Nations agency that aims to specifically preserve children's rights, potential and protection, certain conditions adversely affect child development. This includes *poverty*, with more than half of children in developing countries living in poverty, and poverty affecting all countries regardless of their level of economic development (e.g., in the USA and Australia, the child poverty rate is 62.9%, in Great Britain – 52.2%, in Italy – 48.9%, in Finland – 47.6%, and in Norway – 34.4%)<sup>65 66</sup>. It is estimated that every third child in the world cannot fully realize his or her physical, cognitive, psychological and/or social and emotional potential<sup>67</sup>.

Categories of children who are most at risk of mental illness include those who experience stigmatization, discrimination, difficult life situations<sup>68</sup> and inaccessibility of services both in terms of treatment and in prevention<sup>69</sup>.

### ***Children from families who are refugees, IDPs (internally displaced persons) and migrants***

Statistics show that one third of refugees and migrants arriving in Europe from countries of origin or transition are children<sup>70</sup>. In 2017, the total number of migrants in the USA was 49.8 million (15.3% of the total population), 12.5% of whom were children and young people under 19 years of age<sup>71</sup>; in Canada, the respective number totaled 7.9 million (21.5% of the population), of whom 15.2% were children and young people under the age of 19<sup>72</sup>. In the Russian Federation, the total number of migrants amounted to 11.7 million (8.1% of the total population), 12.7% of whom were children and young people under the age of 19<sup>73</sup>. These children have special needs based on dangerous situations they face, including sexual abuse, maltreatment, exploitation, isolation from their families as well as poverty. Such vulnerabilities necessitate national policies, which require the following: social assistance, specialized medical and mental health counseling care, and legal services<sup>74</sup>.

<sup>65</sup> <https://immigrant.today/article/14322-skolko-bednykh-zhivet-v-ssha.htm>

<sup>66</sup> Poverty Reduction Begins with Children. UNICEF. New York, March 2000/  
[https://www.unicef.org/nutrition/files/pub\\_poverty\\_reduction\\_en.pdf](https://www.unicef.org/nutrition/files/pub_poverty_reduction_en.pdf)

<sup>67</sup> Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

[https://www.who.int/maternal\\_child\\_adolescent/documents/women-deliver-global-strategy/ru/](https://www.who.int/maternal_child_adolescent/documents/women-deliver-global-strategy/ru/)

<sup>68</sup> Federal Law of the Russian Federation of July 24, 1998 No. 124-FZ "On Basic Guarantees of the Rights of the Child in the Russian Federation". Adopted by the State Duma on July 3, 1998. Approved by the Federation Council on July 9, 1998/  
<https://studfiles.net/preview/3240871/>

<sup>69</sup> Braddick, F., Carral, V., Jenkins, R., & Jané-Llopis, E. (2009). Child and Adolescent Mental Health in Europe: Infrastructures, Policy and Programmes. Luxembourg: European Communities, p.9/  
[http://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/docs/camhee\\_infrastructures.pdf](http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/camhee_infrastructures.pdf)

<sup>70</sup> Refugee and migrant children in Europe. UNICEF/  
<https://www.unicef.org/eca/emergencies/refugee-and-migrant-children-europe>

<sup>71</sup> USA. Migration data portal/  
[https://migrationdataportal.org/data?cm49=840&focus=profile&i=stock\\_abs\\_&t=2017](https://migrationdataportal.org/data?cm49=840&focus=profile&i=stock_abs_&t=2017)

<sup>72</sup> Canada. Migration data portal/  
[https://migrationdataportal.org/?i=stock\\_abs\\_&t=2017&cm49=124](https://migrationdataportal.org/?i=stock_abs_&t=2017&cm49=124)

<sup>73</sup> Russian Federation. Migration data portal/  
[https://migrationdataportal.org/?i=stock\\_abs\\_&t=2017&cm49=643](https://migrationdataportal.org/?i=stock_abs_&t=2017&cm49=643)

<sup>74</sup> UNICEF. Refugee and Migrant Response in Europe. Building on promising practices to protect children in migration across the European Union/  
<https://www.unicef.org/>

To its great credit, the Global Compact on Safe, Orderly and Regular Migration, adopted by governments in December 2018, mentions children 27 times, including overriding principles that are child-sensitive, upholding the rights of the child, including unaccompanied and separated children, upholding trauma-informed training for first responders and government officials as well as appropriate assistance and counseling in a culturally-sensitive way, to victims of trafficking in persons, migrants in situations of vulnerability, including children<sup>75</sup>.

### ***Children without parental care***

Children without parental care are commonly referred to as “orphans”, a word variably defined. UNICEF defines an orphan as a child under the age of 18 who has lost one or both parents for any reason of death. According to this definition, in 2015, there were almost 140 million orphans in the world<sup>76</sup>. In other classifications, the term is more general, referring to children deprived of parental care, including not only those whose parents have died but those children who have living parents, but who reside separately from them, e.g., abandoned children who are not looked after by relatives; children in the custody of a guardian; and homeless children who left their families to live on the street<sup>77</sup>.

Loss or separation from parents for any reason represents a serious event for the child, which can provoke the development of various forms of psychological and mental disorders. Resulting fears, insecurity, resentment, feelings of rejection, dependence on unfamiliar people and facing unstable or dangerous external circumstances can lead to varied emotional and behavioral symptoms, including but not limited to, loss of self-esteem, depression and suicide, withdrawal, anger and aggression, impaired intellectual and cognitive activity and development. It is crucial to mitigate and compensate for the loss and create favorable development conditions, to whatever extent possible, with services including provision of foster and adoptive parents or guardians, living environments in orphanages or boarding schools with specialized programs, and specialized training of teachers and counselors.

### ***Children affected by armed and transnational conflicts, environmental and technological disasters, and natural disasters in humanitarian crises***

According to the World Bank, two billion people currently live in countries affected by instability, conflict and violence. This, in turn, leads to poverty, forecasted to affect 50% of the population by 2030. Since 2010, there has been an increase in armed conflicts that lead to local and global instability, forced displacement in developing countries, activation of extremist activity, and insecurity of citizens<sup>78</sup>. In this context, UNICEF estimates that 535 million

<sup>75</sup> [https://refugeesmigrants.un.org/sites/default/files/180711\\_final\\_draft\\_0.pdf](https://refugeesmigrants.un.org/sites/default/files/180711_final_draft_0.pdf)

<sup>76</sup> UNICEF. Orphans/ <https://www.unicef.org/media/orphans>

<sup>77</sup> Orphans. Cheryl Nixon. Oxford Bibliographies/ <http://www.oxfordbibliographies.com/view/document/obo-9780199791231/obo-9780199791231-0121.xml;jsessionid=3DA03A5F41CCF8F0B08BB2760717E178>

<sup>78</sup> <http://www.vsemirnyjbank.org/ru/topic/fragilityconflictviolence/overview>

children (almost one out of four) live in countries affected by conflict or natural disasters, often without access to medical care, quality education, adequate nutrition and protection. Additionally, about 50 million children were left homeless as a result of conflict, putting them at risk of disease, violence and exploitation<sup>79</sup> and every third child aged 5 – 17 (i.e., a total of about 104 million) is deprived of education<sup>80</sup>. Each year, about 600 thousand children develop mental disorders from lead exposure. Further, 60% of maternal deaths, 53% of the cases of infant mortality and 45% of neonatal deaths occur in unstable states and humanitarian crises<sup>81</sup>.

Extensive research shows that persons affected by humanitarian and natural disasters experience enormous long-term psychosocial impacts, challenging resilience and exacerbating vulnerability to physical, mental and sensory impairment and disability-related problems<sup>82</sup>. As a result, it is necessary to develop national and supranational policies and programs to provide access to education, preserve families; prohibit participation of children and adolescents in military conflict; ensure safe evacuation from zones of military conflict and environmental and technological disasters; and to consider mental well-being and disability issues in the context of national and international activities on disaster risk reduction<sup>83</sup>. Research also shows that it is necessary to develop and implement prevention programs to help those who are at risk to develop resilience skills to preserve mental health and wellbeing<sup>84</sup>.

### ***Children imprisoned in juvenile correctional facilities***

According to the United Nations Department of Economic and Social Development (ECOSOC), juvenile delinquency is a serious problem worldwide, affected by social, economic and cultural conditions in each country<sup>85</sup>. Most offenders are minors subjected to violence in their immediate social environment, and living in conditions of poverty, low education, considerable financial and social needs and unfavorable psychological conditions<sup>86</sup>. The main causes of offenses and crimes include: peer pressure, lack of parental control and/or positive

<sup>79</sup> <https://www.unicef.org/press-releases/nearly-quarter-worlds-children-live-conflict-or-disaster-stricken-countries>

<sup>80</sup> <https://www.unicef.org/press-releases/1-3-children-and-young-people-out-school-countries-affected-war-or-natural-disasters>

<sup>81</sup> Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

[https://www.who.int/maternal\\_child\\_adolescent/documents/women-deliver-global-strategy/ru/](https://www.who.int/maternal_child_adolescent/documents/women-deliver-global-strategy/ru/)

<sup>82</sup> United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction. United Nations University Headquarters, Tokyo, Japan, 27–28 November 2014/Report// United Nations University, United Nations Department of Economic and Social Affairs, The World Bank Tokyo Development Learning Center, National Center of Neurology and Psychiatry, Japan/// <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<sup>83</sup> See 62, 64

<sup>84</sup> Nemeth D.G. Resilience: The Mental Health Requirement of Our Time/ Collection of Scientific Papers. II Congress on Mental Health: Meeting the Needs of the XXI Century//Union for Mental Health of Russia, Moscow, 2018, p. 180

<sup>85</sup> The World Programme of Action for Youth on Juvenile Delinquency (A/RES/50/81). G. Juvenile delinquency/ UN DESA// <https://www.un.org/development/desa/youth/juvenile-justice-wpay.html>

<sup>86</sup> See 67

role models, alcohol and/or drug abuse and impoverished financial situations<sup>87</sup>. The United Nations Convention on the Rights of the Child recommends addressing the causes for illegal behavior and making efforts to prevent such behavior<sup>88</sup>. In this regard, it is recommended to introduce programs addressing personal development and improving environment and social conditions for these juvenile delinquents, including all possible societal resources, e.g., providing education, public associations, and programs that work with families and that are government-supported<sup>89</sup>.

A considerable number of children and adolescents in today's world face difficult life situations. They can be subjected to physical, emotional and/or sexual violence, military action, slavery, trafficking, homelessness, poverty and dysfunctional families; which leads to suffering from mental dysfunctions, retardation or other disabilities, becoming dependent on alcohol or drugs, exposure to HIV carriers or victimization of emergency situations. Difficult life situations and mental health problems are closely interrelated, whereby the former serves at risk factors for the development of mental health problems, such as post-traumatic stress disorder. In a circular manner, mental health problems can lead to difficult life situations, e.g., using alcohol or drugs in efforts to cope with depression. In all cases, targeted intervention strategies are needed to solve the problems faced by children and adolescents<sup>90</sup>.

## **Component 5. The impact of physical culture and sports on child and adolescent mental health**

In recent decades, populations, and especially young people, throughout the world have been facing an escalation of serious problems, including obesity; unhealthy diet; risky behavior associated with unprotected sex, early pregnancy, smoking and drug use; increased depression; and lack of motivation for a healthy lifestyle among children and adolescents. This situation has been ascribed to a lack of physical activity<sup>91</sup>. Physical activity has been shown to be necessary for mental functioning, including maintenance of cognitive and metabolic body functions; reduction of the risk of obesity; improvement of physical health in terms of bone mineralization, digestion, intestinal rhythm regulation; reduction of mental challenges like the risk of depression and stress and associated improvement of sleep quality; and increase in self-esteem and quality of life in general<sup>92</sup>. In total,

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<sup>87</sup> Views on Juvenile Offending in Barbados, Dominica and St. Lucia. Report on National Surveys conducted during August-November 2010/UNICEF// [https://www.unicef.org/easterncaribbean/Juvenile\\_Offing\\_Study\\_WEB.pdf](https://www.unicef.org/easterncaribbean/Juvenile_Offing_Study_WEB.pdf)

<sup>88</sup> Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989 entry into force 2 September 1990, in accordance with article 49/ <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

<sup>89</sup> The United Nations 1985 Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules)/ <http://www.un.org/documents/ga/res/40/a40r033.htm>

<sup>90</sup> Child and Adolescent Mental Health Policy and Plans. © World Health Organization, 2006.

<sup>91</sup> TAFISA Mission "For a Better World Through Sport for All". Adopted by the TAFISA General Assembly in Seoul, Korea, November 16<sup>th</sup>, 2017

<sup>92</sup> EU Physical Activity Guidelines "Recommended Policy Actions in Support of Health-Enhancing Physical Activity". Approved by the EU Working Group "Sport & Health" at its meeting on 25 September 2008. Confirmed by EU

physical activity is an essential element of a healthy body, mind, and lifestyle and is highly recommended for the prevention and treatment of mental illnesses<sup>93</sup>.

Physical activity is also widely applied as a component of rehabilitation measures for the adaptation and socialization of children and adolescents with mental disorders or disabilities. Researchers believe that such activity makes it possible to develop physical as well as mental abilities, e.g., encouraging courage, joy and increased self-esteem, as well as new skills necessary for health adjustment to work and social life in society<sup>94</sup>.

Positive rehabilitation activities include engaging in Paralympic sports, represented today by two categories: sports for people with intellectual impairments (INAS) and the Special Olympic movement, which covers a wider range of persons with mental disorders<sup>95</sup>.

In view of the proven effectiveness of the role of physical activity and sports in the prevention of mental disorders and rehabilitation of persons with mental disabilities, it is necessary to create programs aimed at improving the quality of physical education, specifically aimed at developing social and emotional skills. These, of course, should take into account traditional practices and those regional and international practices that have been shown to be effective<sup>96</sup>.

### **Component 6. The impact of art on child and adolescent mental health**

Cultural activities built on tangible and intangible heritage and traditional knowledge and skills, that include varied expression forms like music, dance, theater and festivals, have been shown to contribute to the development of opportunities and healthy development and adaptation to society for young people<sup>97</sup>. These benefits apply to all aspects of life, including social integration as well as personal development in terms of cognitive development, emotional maturity, and harmonizing the child's inner world.

In today's world, cultural resources offer a significant resource for the formation of stable equilibrium between various mental properties and processes. Therefore, various activities are important for the mental health and well-being of children and adolescents. An extensive list includes activities that preserve, develop and popularize cultural values and cultural heritage and folk arts and crafts aimed at appreciation of indigenous roots and that facilitate international cultural

Member State Sport Ministers at their meeting in Biarritz on 27-28 November 2008/

[http://ec.europa.eu/assets/eac/sport/library/policy\\_documents/eu-physical-activity-guidelines-2008\\_en.pdf](http://ec.europa.eu/assets/eac/sport/library/policy_documents/eu-physical-activity-guidelines-2008_en.pdf)

<sup>93</sup> Stuart Biddle. Institute of Sport, Exercise & Active Living, Victoria University, Melbourne, Australia/ Translate by: Murashko A. (Moscow), ed. Candidate of Medical Sciences Potanin S. (Moscow)//World Psychiatry 2016; 15: 176-177

<sup>94</sup> Special Olympics. Treating People With Intellectual Disabilities With Respect/ <https://www.specialolympics.org/about/intellectual-disabilities/how-to-speak>

<sup>95</sup> Gretsov A.G. Prevention of Mental Disorders and Rehabilitation of Children with Mental Disorders by Means of Adaptive Physical Culture/ Collection of Scientific Papers. I Congress on Mental Health: Meeting the Needs of the XXI Century//Union for Mental Health of Russia, Moscow, 2016, p.406

<sup>96</sup> UNESCO. Promoting Quality Physical Education Policy/ <http://www.unesco.org/new/en/social-and-human-sciences/themes/physical-education-and-sport/policy-project/>

<sup>97</sup> UNESCO. Culture and Youth Development/ <https://www.un.org/esa/socdev/documents/youth/factsheets/youth-cultureasavector.pdf>

exchange; as well as engaging in diverse activities involving aesthetic and artistic education, literature, theater, music, visual arts, photography and cinematography, circus, design, media, visiting museums, cultural sites and libraries; even architecture, landscape and urban planning<sup>98</sup>.

The value of art therapy deserves specific mention as it has received official recognition in the treatment and rehabilitation with children and adolescents having special mental health needs. Art-related therapeutic methods promote self-expression that helps individuals become more authentic and free in a creative process, thereby facilitating self-actualization, as well as increased comfort in socialization.

An emerging special artistic style is entitled "outsider art" whereby such artists have no specific training and create artworks without focusing on an artistic template or on the viewer. Rather, they work authentically, exclusively following their own path, thus operating on the border of various social groups, systems, or cultures, without being influenced by norms and values. The resulting original works often resonate with the public and even demanding collectors when the work finds its way into exhibitions<sup>99</sup>.

## **Component 7. Education, and child and adolescent mental health**

### *Training of medical specialists*

In many countries, provision of mental health services for children and adolescents is considered an integral part, or accessory, of the overall system of psychiatric services or pediatric care. However, only 10–22% of cases of mental disorders in childhood and adolescence are detected by primary care workers. Therefore, the vast majority of children do not receive necessary or sufficient services<sup>100</sup>. Thus, there is a need for primary care specialists including pediatricians and pediatric neurologists, to undergo continuous medical education and continuous professional development in the field of child and adolescent mental health, since they often need to solve certain mental health problems in their patients at an earlier stage than psychiatrists.

There are certain advantages to considering child and adolescent psychiatry services as a separate component of the health care system where child psychiatrists are provided with special training.

Supplementary education and advanced training in the field of child and adolescent mental health is especially important given constant developments in research and clinical significance of psychological aspects in somatic and psychosomatic medicine associated with childhood and adolescence. This training applies to varied disciplines including, but not limited to, child endocrinologists,

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<sup>98</sup> Decree of the President of the Russian Federation of December 24, 2014 No. 808 "On Approval of the Basics of the State Cultural Policy" / <https://base.garant.ru/70828330/>

<sup>99</sup> Epishin A. Creative Work of Outsiders in the Space of Contemporary Artistic Culture / Outsider Art: the "Inye" Collection // V. Gavrilov; research editor A. Azov.-M.: Publishing House "Gorodets", 2017.-504 p.

<sup>100</sup> Child and Adolescent Mental Health Policy and Plans. © World Health Organization, 2006.

oncologists, dentists, gastroenterologists, pulmonologists and allergists, rheumatologists and cardiologists, gynecologists and urologists.

### ***Training of non-medical specialists***

The role and importance of non-medical specialists is increasing as a valuable resource in the field of prevention and psychosocial rehabilitation for the younger generation. Providers include, but are not limited to, child psychologists, counselors and advisors, specialists in the field of psychocorrection and psychotherapy, teachers, speech therapists and social workers. Their participation is especially important in services with children and adolescents with mental disabilities and pervasive mental and psychoverbal developmental disorders, including autism spectrum disorders, intellectual problems, and sensory impairments. This demands similar comprehensive, advanced and ongoing training as for medical professionals, with high-quality teaching materials and adequate psychological, organizational and legal support.

### ***Training non-specialists***

The efforts of specialists alone are insufficient to meet the growing demands to address mental health of children, adolescents and the population as a whole. The category of non-specialists refers to a wide range of persons, including consumers with relevant lived experience, their family members, parents and teachers, volunteers, representatives of governmental, non-governmental organizations, and non-profit organizations, media, and political and public figures<sup>101</sup>. Given the widespread lack of resources in the field of child and adolescent mental health, tapping into this wide source of non-specialists to assist in the field of psychosocial rehabilitation can provide a wide range of assistance to address considerable needs. Sufficient and ongoing education, and support, for these cohorts, as for those professionals noted above, is crucial. An evaluation system must also be in place, to assess, and boost competence.

### ***Inclusive education***

The 1993 United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities in the education system state that all states must recognize the principle of equal opportunities in primary, secondary and higher education for children, youth and adults with disabilities, in integrated structures. The education of persons with disabilities must be ensured as an integral part of the general education system, emphasizing inclusiveness. Responsibility for such an integrated and inclusive education structure must be placed on education authorities, in national educational planning, curriculum development and organization of the educational process. It is also essential to provide adequate access and support services designed to meet the needs of those persons with

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<sup>101</sup> DECLARATION: MENTAL HEALTH AND EDUCATION. The II Congress on Mental Health: Meeting the Needs of the XXI Century. October 5 – 7, 2018, Moscow, Russia

various disabilities. Additionally, it is important to involve parental groups and persons with disabilities themselves in the education process at all levels, paying particular attention to the youngest disabled children and preschoolers. Overall, equal resources should be allocated for the education of students with disabilities as for non-disabled students<sup>102</sup>.

The 1994 Salamanca Statement affirms the right of persons with special educational needs to access education in public schools. Such mainstreaming of children with special mental health needs in an inclusive environment has been shown to be an effective means of eradicating stigma, discrimination and marginalization as well as creating a favorable environment in communities, building an inclusive society and providing education for all<sup>103</sup>. Such provision of education for all is consistent with the United Nations Goal 4 of the 2030 Agenda for Sustainable Development. The principles of healthy pedagogy and joint education of children with all levels of abilities have a positive effect on their overall spiritual development, contribute to the development of solidarity and tolerance for others, and reduce anti-psychiatric attitudes and stigma. Concurrent attention should be paid to tutorship and work with parents.

Researchers recommend shifting the focus from special education for students with special needs to designed the educational system to meet the needs of all students<sup>104</sup>.

**Conclusion:** Statistics show that youth comprise the majority of populations (up to 50 percent) in most countries worldwide. They represent both the present and the future of societies. Today's children and adolescents are the future intellectual, creative, and business leaders, political figures; and citizens whose activities will influence the well-being, socio-economic development, and moral and humanitarian integrity of society. Conditions of today's world, filled with political and economic crises, social collapse, inequality, military conflict, environmental and technological disasters, intercultural and interpersonal problems, gravely impacts the flourishing of individual mental, physical and spiritual growth. Therefore, it is urgent to provide all children and adolescents with opportunities to exercise their right to mental health, which is the basis of their personal development and well-being and ability to contribute to society.

## GOALS AND OBJECTIVES

The "III Congress on Mental Health: Meeting the Needs of the XXI Century" aims to create favorable conditions for preserving and enhancing child and adolescent personal mental health, necessary for the healthy development of families, society and the future of human civilization.

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<sup>102</sup> "Standard Rules on the Equalization of Opportunities for Persons with Disabilities" (adopted by the UN General Assembly on December 20, 1993)

<sup>103</sup> The Salamanca Statement and Framework for Action on Special Needs Education. Adopted by the World Conference on Special Needs Education: Access and Quality. Salamanca, Spain, June 7–10, 1994.

<sup>104</sup> Joaquin Fuentes. Expert Opinion Statement/ The Book about the II Congress on Mental Health: Meeting the Needs of the XXI Century// Union for Mental Health of Russia, Moscow, 2018, p.50

**Objectives:**

- to discuss medical and non-medical problems of child and adolescent mental health on the basis of interdisciplinary and intersectoral approaches;
- to present the best research, evidence-based practices and achievements in the field of early diagnosis and prevention of mental disorders in children and adolescents, as well as in the field of psychosocial rehabilitation of children and adolescents with mental disorders and mental development disorders;
- to emphasize needs and approaches to training of specialists and non-specialists in the field of child and adolescent mental health.
- to highlight the role of the family, school system, state and societal stakeholders in solving mental health problems of the younger generation.

**THEMATIC AREAS****Area 1. Prevention of mental disorders and promotion of mental health values among children and adolescents****Discussion topics:**

- 1.1. Physical, mental, psychological and spiritual health of children and adolescents.** Mental and overall health of children and adolescents. Mental ontogenesis and mental health. Bio-psycho-social-spiritual paradigm of the formation and preservation of child and adolescent mental health. Healthy lifestyle and spiritual and moral safety of minors and society as a whole. Children and adolescents in difficult life situations (micro- and macrosocial factors). Intersectoral and interdepartmental cooperation in the field of child and adolescent mental health. Education and upbringing as the basis for the preservation and development of child and adolescent mental health. Arts, culture and sports in the field of mental health of the younger generation and society as a whole. Psychological assistance to children and adolescents: modern approaches and models. Comprehensive medical and non-medical care in childhood and adolescence.
- 1.2. Mental health of mother and child.** Prenatal, perinatal and environmental risk factors. Pathology of pregnancy and childbirth, premature birth as an important risk factor for subsequent mental and general developmental disorders in children. Early diagnosis of developmental disorders and early intervention. In vitro fertilization. Quality medical and psychological assistance to women during pregnancy and childbirth as a guarantee of good mental and overall health of the future child. Parenting skills training programs. Medical and social services for mothers and children in the postpartum period. Social support for single mothers. Psychosocial and legal assistance to women subjected to violence or sexual harassment.
- 1.3. Child, family, preschool and school: mental health, education and upbringing.** Pedagogy, psychology, pediatrics, neurology and child psychiatry: interdisciplinary interaction. Outpatient observation and services for children and

adolescents in the context of mental and overall health. Pre-school education and upbringing, timely speech therapy and defectological diagnostics, prevention and correction of psycho-speech development disorders. Pre-school, school and family education: interaction and integration in the context of mental health and development. Interpersonal relations of participants in educational processes. Family, and child and adolescent mental health. Educational environment, including factors affecting mental health. Inclusive education, including problems and modern models. Suicide, deviant behavior, dangerous leisure and illegal actions and prevention strategies. Chemical and non-chemical addiction. Eating disorders. Maladjustment, dysfunctional behavior, bullying and harassment, and psychological and actual abuse at school and prevention strategies and psychological assistance. Training programs for teachers to preserve student mental health. Professional burnout of teachers. School programs for promoting mental health and life skills education in schools and self-education. Sex education. Domestic violence and psychological and psychotherapeutic services for children, adolescents and their families. Development of the peer-to-peer approaches for adolescents. Talented children at school and associated developmental features. Physical activity as a means of mental disorder prevention. Cultural resources as a means of harmonizing the inner world of children and adolescents.

- 1.4. Legal and organizational aspects of the prevention of child and adolescent mental disorders.** Protection of the rights of children and adolescents in the modern world. International law and national policies and models of child and adolescent mental health. Primary medical and child psychiatric care: integration prospects, organizational and legal aspects. Targeted programs for motherhood and childhood protection. Gender-based education. Epidemiological and marketing research, and considering needs in prevention programs. Biological, environmental and socio-economic aspects of mental disorder prevention.

## **Area 2. Early diagnosis and treatment of mental and behavioral disorders in childhood and adolescence**

### **Discussion topics:**

- 2.1. Modern approaches to the diagnosis of mental disorders and mental development disorders in children and adolescents.** An integrated approach to the diagnosis of mental disorders in children and adolescents. Evidence-based medicine and child psychiatry. Early diagnosis of autism spectrum disorders and other mental disorders. Genetics and genomics in the early diagnosis of mental disorders and mental developmental disorders in children and adolescents. Neurobiological studies of the etiopathogenesis of mental and behavioral disorders in childhood and adolescence. The role of social factors in the etiopathogenesis of mental disorders and mental development disorders in children and adolescents. Biomarkers of mental and behavioral disorders in children and adolescents.

Experimental psychological studies and their role in the diagnosis of mental disorders and mental development disorders in childhood and adolescence.

- 2.2. **Child psychosomatics: the intersection of pediatrics and child psychiatry.** Pediatrics and child psychiatry: problems and prospects of interaction. Clinical and epidemiological studies in child psychosomatics. An interdisciplinary approach to the diagnosis and treatment of child and adolescent psychosomatic disorders. The role of primary care in the diagnosis and treatment of in child and adolescent psychosomatic disorders. Co-morbidity of mental and somatic disorders in childhood and adolescence. Biological and psychosocial factors in the diagnosis and treatment of in child and adolescent psychosomatic disorders. Psychotherapy in child and adolescent psychosomatic disorders.
- 2.3. **Pediatric psychopharmacology and child psychotherapy.** An integrated approach to the treatment of mental and behavioral disorders in childhood and adolescence. Psychopharmacological research in child psychiatry. Efficacy and safety of psychopharmacological treatment in childhood and adolescence. Voluntary consent to psychopharmacotherapy in childhood and adolescence. Approaches to psychotherapy in childhood and adolescence: individual, group and family psychotherapy. Psychotherapy of children and adolescents in inpatient and outpatient settings.
- 2.4. **Psychosocial rehabilitation.** Features of psychosocial rehabilitation of children and adolescents. Group methods. Family forms of psychosocial intervention. Individual psychotherapeutic techniques. Formation of parental commitment to treatment. Interdisciplinary and intersectoral approaches: ensuring comprehensiveness and continuity of treatment. Integrative approach: interaction with the primary health care network, non-medical institutions, including pre-school and school, and specialized institutions for culture, art, physical culture and sports. Giftedness in children with psychiatric experience. Integrating sports in the system of psychosocial rehabilitation. Applications of expressive arts, art therapy and outsider art.
- 2.5. **Ethical, organizational and legal approaches in the provision of mental health care.** Legal aspects of voluntary consent to the provision of mental health care for children and adolescents. Forced hospitalization and inpatient treatment of minors in psychiatric hospitals. Conditions of detention of children and adolescents in psychiatric hospitals. Joint treatment of mother and child in psychiatric institutions. Use of irreversible treatment methods in childhood and adolescence. Representing the interests of children during hospitalization and throughout their stay in psychiatric institutions. Quality of mental health care for children and adolescents in inpatient and outpatient conditions. Child psychiatric care in the structure of "community-based" psychiatry. Primary medical and child psychiatric care: integration prospects, organizational and legal aspects.

### **Area 3. Socially significant aspects of child and adolescent mental health**

#### **Discussion topics:**

- 3.1. Autism spectrum disorders and other developmental mental disorders.** Primary prevention of autism spectrum disorders (ASD) and other mental development disorders in children and adolescents. Early diagnosis. Complex psychosocial rehabilitation programs for children and adolescents with ASD. Drug therapy and non-drug treatment of ASD and other mental development disorders in childhood and adolescence. Multidisciplinary approach to the prevention, treatment and psychosocial rehabilitation of ASD and other mental development disorders. Outpatient observation of children and adolescents with mental development disorders. Inclusive education of children and adolescents with ASD and other mental development disorders. Use of tutorship. Group and family psychotherapy, and other types of psychological assistance for parents of children and adolescents with mental development disorders.
- 3.2. Prevention of childhood and adolescent depression and suicide.** Predictors of childhood and adolescent depression and suicide. Individual development and external environment at-risk factors. Family, school, society, and their role in suicide prevention. Organization of suicide prevention assistance: first aid, first medical aid, emergency care, psychotherapeutic care, outpatient counseling, psychological first aid, psychosocial interventions, hospital care. Psychoprophylaxis programs for children and adolescents. The role of the media in child and adolescent depression and suicide prevention. Psychological assistance to minors in crisis situations, e.g., school violence attacks, natural disasters, terrorism. Psychosocial resilience. Hotlines for children. Child and adolescent psychotherapy at all stages of suicidal behavior.
- 3.3. Prevention of childhood and adolescent addictions.** Clinical and epidemiological studies in pediatric and adolescent narcology. Risk factors and primary prevention of chemical and non-chemical addictions in childhood and adolescence. Modern diagnostics of child and adolescent addictions. Integrated therapy and secondary prevention of childhood and adolescent addictions. Psychosocial rehabilitation of children and adolescents with chemical and non-chemical addictions. Internet addiction. Eating disorders.
- 3.4. Childhood and adolescent aggression.** Incidence of aggressive, oppositional-defiant behavior and conduct disorders among children and adolescents. Types of child and adolescent aggression. Interdisciplinary approach to the analysis of angry and aggressive behavior in children and adolescents. Correction of aggressive behavior in children and adolescents in the family and at school. Family violence and child/adolescent aggression. The role of the media in the prevention of child/adolescent aggression. Interdepartmental preventive measures on the problem of child/adolescent aggression. Programs of collective self-education (peer-to-peer or "equal teaches equal") and development of self-control skills among children and adolescents.
- 3.5. Childhood disability.** Statistics of childhood disability due to mental illness. Clinical examination of children with mental disabilities due to mental illness. Treatment and psychosocial rehabilitation of children with disabilities due to mental illness. Disability containment and socialization of children with

disabilities. Social security of children with disabilities. Psychological and social support for family members. Disabled children in boarding schools. Prevention of social orphanhood. The role of the state, business and society in improving the quality of life of children with mental disabilities.

- 3.6. Mental health of children and adolescents in a difficult life situation.** The role of various risk factors. Poverty as a risk factor for the mental development of children. Children from refugee and IDP families: national migration policies. Children deprived of parental care (e.g., orphans, abandoned children, street children): specialized programs for mental disorder prevention. Child victims of armed and transnational conflicts, environmental and technological disasters, natural disasters in humanitarian crises: national and supranational strategies to reduce the risk of mental disorders. Children serving a sentence in juvenile correctional facilities: comprehensive correctional programs for personal development and prevention of adverse factors of influence from the family and society.

#### **Area 4. Education, and child and adolescent mental health**

##### **Discussion topics:**

- 4.1. **Training of medical specialists.** Child and adolescent psychiatry. Pediatric care and child psychiatry. Training of primary health care providers, including pediatricians and pediatric neurologists. Supplementary education and advanced training in the field of child and adolescent mental health for child endocrinologists, oncologists, dentists, gastroenterologists, pulmonologists and allergy specialists, rheumatologists and cardiologists, gynecologists and urologists and others.
- 4.2. **Training of non-medical specialists.** Training in the field of child and adolescent mental health for specialists working in educational institutions, including school psychologists, counselors and advisors, teachers, speech therapists, heads and members of the administration of preschools and schools. Training of specialists working in social protection institutions, including defectologists, social workers, tutors, educators of residential care institutions, specialists in the field of psychocorrection and psychotherapy, heads and members of the administration of social protection institutions. Training of HR specialists for organizations including where parents work, in the preservation child and adolescent mental health. Training of employment service specialists who are involved in employing people with mental disabilities. Training of expressive art therapists, including specializations in music, movement and dance, theater, arts and crafts, and folk crafts. Training of representatives of state and local government bodies in the preservation of child and adolescent mental health. Training journalists in child and adolescent mental health.
- 4.3. **Training of non-specialists.** Psychoeducation for recipients of benefits, their family members and caregivers. Training of guardians (adoptive, foster families) in the preservation of child and adolescent mental health. Teaching parents to

preserve the mental health of their children. Training of employees of non-profit organizations, voluntary associations, volunteers in the field of child and adolescent mental health.

**The Congress invites:** medical and non-medical specialists and non-specialists, including psychiatrists, psychologists, psychotherapists, counselors, social workers, paraprofessional mental health workers, volunteer mental health providers, pediatricians, pediatric neurologists, neuroscientists, geneticists, pediatric endocrinologists, oncologists, dentists, gastroenterologists, pulmonologists and allergologists, rheumatologists and cardiologists, gynecologists, and urologists, educators, social workers, speech therapists and defectologists, teachers in orphanages and children's care homes, specialists in physical activities and sports, art, law and economics; as well as consumers of services with relevant lived experience and their family members and associates: biological parents, adoptive and foster parents, guardians, tutors, representatives of governmental and non-governmental organizations, the media; advocates on behalf of children and youth, policymakers, political and public leaders.