

Dear Prof. Fegert, with your specific background, experience and expertise, what unique perspective do you bring to this panel? In short, why are you here?

As President of the European Society for Child and Adolescent Psychiatry ESCAP, I try to bring a **European perspective** to this panel. A perspective of a very **heterogeneous clinical care situation** in different European countries from the South to the North from the West to the East, a perspective that goes far beyond the EU with UK and Switzerland and many southeastern states as member states and even Turkey and Israel. But everywhere we are confronted with an **increased demand for help, exploding waiting lists, problems of distributive justice and access to care. Mental health literacy and stigma** vary in different regions the **degree of digitalization** might also vary, but in all European countries' children and adolescents and young adults have grown up in a digital world are today **digital natives**. So especially for that young generation, that we serve as child and adolescent psychiatrists and psychotherapists, **digital content and tools are a chance for accessible support in mental health**. At the same time **social networks and the overuse of digital** communication constitutes a risk that is correlated for example with depression, anxiety and sleep disorders.

Our central theme of the past years was also the focus of my ESCAP presidential column „**Times marked by consecutive crises**“ which was published at the start of this year. But we are not just talking about the consequences of the crisis. The **Lancet Psychiatry Commission on Youth Mental Health** describes that in most countries where we had reliable data before, during and after the crisis, it is clear that for example anxiety and depression, had already risen significantly among young people in the last 10 or 20 years. In **contrast to somatic medicine three quarters of psychiatric disorders begin before the age of 25**. Therefore, mental health issues are strongly correlated with quality of life, **lifelong burden of disease and lack of productivity**.

ESCAP supported the McKinsey Health Institute in formulating and interpreting questions to European young people as part of an international survey on Generation Z in 2022. The results showed not only the **high perceived mental health burden (1/5 of genZ)**, but also an **increase in stigma, especially self-stigma in relation to mental illness**.

Young people are **ashamed of their symptoms and increasingly consider mental health problems to be a weakness of character**. This also leads to the necessary help not being sought. At the same time, however, the demand for help is also increasing and waiting lists are exploding in the established sector.

As President of the European specialist society, I also visit the national specialist societies and so I was recently at the congress of my Swiss colleagues.

A colleague from Lucerne reported that he received 30 new psychotherapist positions for his region last year and still the waiting list has not decreased at all.

We therefore **need stepped care approaches** that make information and rapid reaction much more accessible. And we need effective screening so that those who need the most intensive treatment are actually seen in the tertiary sector of highly specialized outpatient clinics and hospital treatment.

I am here because I recognize the immense opportunities of the Internet and also many creative developments in the field of youth mental health on the Internet.

In view of the growing possibilities of social bots and Artificial Intelligence, I think it is crucial that we take advantage of such opportunities with a European perspective, contribute to targeted quality development and regulate an extremely dynamically growing market of highly heterogeneous offers, not least for the benefit of patients and their families.

On the other hand, I think it is essential that we become **more digital in the traditional, established clinical care sector. That we catch up with the digital revolution, that we use for example ecological momentary assessments, ecological momentary interventions with our patients in clinical and life settings, etc.**

As chairman of the association "Dazugehören e.V." in Germany, which means "belonging", I am also strongly committed to the participation rights of young people with psychological stress and the consequences of trauma.

The digital space offers endless opportunities for participation. However, these must also be taken into account in the further development of services.

Question: Professor Fegert, your work has focused extensively on the impact of adverse childhood experiences and trauma on mental health. How can digital tools and AI be leveraged to improve early detection and intervention for children and adolescents who have experienced trauma?

The internet is also a fantastic place where affected persons can learn from other affected persons about post-traumatic growth, about growth after stress, about successful coping.

It is also a matter of focusing more on these positive aspects, because we must be careful not to contribute to a certain fatalism and stereotypes by providing information.

It is important for those affected to know that others feel the same way and that we now have highly effective trauma therapies at our disposal.

Many basic interventions, such as working on a trauma narrative, exposure etc. can also be used in digitally supported interventions and in group interventions and not only in a 1:1 therapeutic setting. We are increasingly confronted with situations where we need **rapid support, advice and information, including digital support**, particularly after **major events in the context of global climate change, wars and the associated displacement and terrorist attacks**. The internet is then often the only source still available. The WHO speaks of **preparedness and rapid reaction** in relation to health crises such as the pandemic. We definitely need more digital preparedness in my field too to enable rapid reaction. Many children with severe early childhood stress are dependent on someone listening to them and believing them. That is why **digital training opportunities** are important for

professionals in all areas, but especially for educators and teachers, to lend them a sympathetic ear and to give them access to help. During the corona pandemic we trained nearly 60.000 professionals with e-learning programs especially in child protection and trauma treatment with complex medical education courses that granted the participants certificates of around 80 CME credits. At the same time, we developed programs for teachers and non-medical allied professions. There are excellent projects in this area and also excellent information and advice services, but at the same time, as everywhere on the Internet, there is a large amount of unadvisable, sometimes even harmful phenomena. People who had already experienced severe stress need to be especially protected from

renewed victimization online. Technology based sexual assaults and sexual harassment of children and adolescents has increased during the last years. Our current representative survey of the German population with an oversampling in the group of the 18 – 30-year-olds showed that during their childhood **around a third of them experienced some sort of technology based sexual abuse like grooming, involuntary exposure to sexual material etc.** This is not only a question of awareness and prevention, but it is about participatory empowerment about for example supporting the analysis of the own internet behavior of those affected, e.g. with the help of AI, in order to protect them from further harmful influences. A junior professor in my clinic is currently carrying out corresponding projects with data donations from young people and joint evaluation.