

## FROM EDITORS

Dear Readers,

Mental health disorders and addictions affect no less than 40% of children and adolescents worldwide. One out of every ten youths is estimated to require intensive psychiatric treatment [1]. Mental disorders of the developmental period are an increasingly growing phenomenon. According to WHO, neuro-psychiatric disorders are to be the first of the 5 leading medical conditions, causes of death and disability among children in 2020 [2]. Previously observed in other countries and cultural contexts, these trends are increasingly reflected not only in Poland and Europe, but also in various Asian and American regions. The problem of addiction to social media is discussed in the first article entitled *Comorbidity of social media addiction and other mental disorders – an overview*, by Krzysztof Szczygieł.

Violence against pregnant women resulting in long-term psychological consequences is discussed by Swapna Bondade in her article entitled *A cross sectional hospital-based study of intimate partner violence and psychiatric comorbidity in pregnancy*. We have already published some interesting papers on this subject in the APP [4, 5].

For several years, we have witnessed a disturbing phenomenon of increasing numbers in suicide attempts among adolescent patients seeking psychiatric help [6]. Suicide is now the third leading cause of death in 15-19-year olds [7]. Suicidal behaviors initiated in the developmental period often find their tragic ending in adulthood. Therefore, it seems essential to support parents of children with neurodevelopmental disorders, as proposed by Saeideh Bazzazian in the work on *The effectiveness of the resiliency training on the perceived stress and coping strategies of the mothers of the children with autism*. The results of this study showed that the intervention (the resiliency training) improved the problem-focused coping strategies in the study group.

The aim of the next article in this volume by Maryam Enayatollahi was the search for optimal pharmacotherapy for ADHD. In her paper, she presents *Comparison of effects of different doses of memantine in combination with methylphenidate in children affected by Hyperactivity Attention Deficit Disorder (ADHD)*.

In some countries, child and adolescent psychiatry focuses largely on the life-threatening cases. Patients whose problems are not directly linked to the risk of suicide need to await any form of help. However, what needs to be particularly stressed is the fact that even though their lives are not at imminent risk, it does not mean their problems are any less concerning or urgent. As in the case of anxiety disorders, they pose a risk of significant chronicity and disability.

A typical approach assumed in the case of children with anxiety disorders is one-to-one teaching and pharmacotherapy administered in place of the much more effective, but largely unavailable psychotherapy. Hence, the next article *The Archetype of the double in middle adolescence. Theoretical reflections based on action research* by Lony Schiltz presents the results of the study on open psychotherapeutic perspectives for tertiary prevention in adolescence.

The apparent solution to the problem often results in addiction to prescription drugs as well as professional and social disability or educational problems in early adulthood. Seemingly, a lot can be learnt (especially about loneliness) by analyzing instagram profiles of young patients, as suggested by Katarzyna Urbanek-Matusiak in her *Analysis of instagram profiles found through inscriptions on the walls of the In-Patient Adolescent Psychiatry Unit at the University Hospital in Kraków, Poland*. This subject which was also touched upon in Polish Psychiatry by Bażydło et al [8]. This current autumn vol-

ume of the APP closes with an article by Esmail Soltani, where he presents *Psychometric properties of the Persian version of youth anxiety measure for DSM-5 (YAM-5) in a nonclinical sample*.

Have a great read.

**On behalf of the Editorial Committee,  
Jerzy Samochowiec  
Katarzyna Cyranka**

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