



Another day to die: stories from the silent pandemic

Julian Koenig¹

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When reading through this well compiled 5th issue of the 32nd volume of *European Child & Adolescent Psychiatry*, the work by Weinberg et al. [2] discussing the “*fundamental need to believe the world is fair*” stuck with me for a while. Clicking my way through the internet I learned about the *just-world fallacy* and early research on how we (as humans) rationalize the suffering of others. Put into perspective, I wonder how our belief in a just world has changed in the past and from one generation to the other. How could one potentially uphold the belief that the world is just, stay optimistic and feel that the own life is meaningful as mankind is facing continuous crisis?

Though we still strive to extend individual longevity, humankind has a high probability to go extinct—one day. Falling for the *just-world fallacy*, we probably deserve it. Importantly, it seems common sense that why we may slow down on this road taken we are not capable to miss the wall at its very end. It leaves the pessimist wondering what characterizes the core of psychiatric services. Easing the suffering on our undeterred way to extinction, just waiting for another day to die? Wait a minute says the optimist. The past 3 years have been tough on us, but they have shown one thing: when necessity meets budget and public will we are capable to realize the things that were not thinkable—yesterday. Imagine we’d put this to use. Stop rationalizing the suffering of others and end the silent pandemic of child mental health.

While the ongoing crisis of mental health is probably ranked high on the list of the most pressing issues among our loyal readers, the general public seems less aware. Remember those bar-charts illustrating daily infection rates shown in the opening report of your favorite news magazine on TV for months and months? Remember how quick preventive

measures were put in place? Remember the glossy campaigns to achieve and maintain public awareness? Remember how fast-track funding opportunities for research were realized? I just learned that between 2020 and now roughly 35,000 scientific articles on COVID-19 and children were published. That’s 50% of the existing body of literature addressing depression in children since 1934 (!). Direct comparisons are misleading and close to 7 M deaths worldwide should never be marginalized. However, yearly deaths by suicide (independent of age) add up to such numbers over only one decade. Still, public awareness and spending is far from sufficient.

The mental health pandemic we face is complex. It is slowly creeping with many faces, often well hidden behind stigma and societal barriers. We have no rapid test, no vaccine promising protection, no reporting system to know with certainty what we are facing. And things are not about to change—not tomorrow. Does this feel just? Child and adolescent psychiatry has shown tremendous development in the past decades. When reading through the very first and current issue of our journal the comparison is striking: smaller teams of authors from selected regions of the world, smaller samples and less developed methods of scientific investigation back then. This issue of *ECAP* alone presents large registry and nationwide studies from Finland, Germany, the Netherlands, the United Kingdom, Brazil, and Taiwan, with thousands and even millions of subjects included. Still, (it feels) we are not up and prepared for the real extent of the mental health challenge—not today.

Scientific progress seems to be on the decline as we compete for funding [3] and review our well-crafted papers. If there is something to learn from the COVID-19 pandemic: global challenges need global responses. It leaves one wondering if we should maintain our fragmented national approaches or need to aim bigger. It left me impressed to see how quick and well organized globally distributed teams of scientists acted to encounter *the other* pandemic. I wonder what lessons we as a field can learn from this. There is little reason to be optimistic that current challenges will disappear. Climate change will put the mental health care sector

✉ Julian Koenig
julian.koenig@uk-koeln.de

¹ Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University of Cologne, Faculty of Medicine and University Hospital Cologne, Cologne, Germany

to a test of unparalleled scale [1]. We better be well prepared this time.

While I'm putting final touches on this editorial during a conference in Israel, we as the editorial team of *European Child and Adolescent Psychiatry* say goodbye to our long-term editor in chief Johannes Hebebrand and welcome Pieter Hoekstra in this role. Johannes has dedicated significant lifetime to the service of ECAP and our field. We thank him for his service, dedication and vision that shaped ECAP to become one of the leading journals in our field and wish him all the best for his future endeavors.

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