

May 17, 2020

Dear IACAPAP Colleagues,

We hope that this note finds you well, that you, your loved ones and your communities are safe and healthy during the pandemic, and that you are continuing to do your good work under the unusual circumstances we are living through.

We write to you today with an update and an invitation.

The update is to let you know that IACAPAP has put together a range of materials related to the pandemic that we hope may be of use to you. Among these, and in collaboration with *CAPMH*, our official scientific outlet, we are putting together a thematic series of articles related to child and adolescent psychiatry during the pandemic. You can learn more about these efforts by clicking on the various links provided at the end of this message.

That is the informational part of our message. We now move on to a concrete invitation.

We would like to invite you, as members of the IACAPAP's executive committee and our fellow organizations, to share with us an image that represents your work during these days. We enclose two examples below, from our respective work, to give you an idea of what we have in mind. Specifically, we want to capture an image that encapsulates the interface between our inner/personal and our outside/professional lives. We have learned so much about ourselves and about our colleagues through images such as these and hope you will help us expand on this effort.

The specific ask that we want you to take seriously into consideration is to send us two brief things: one image, as described above, and a short voice memo, which you can do on your phone, and no more than five or six minutes long, of your thoughts related to that image. The voice memo does not need to be polished – indeed, we prefer voice memos as they are more spontaneous and (at least for us) easier than writing something down. You can see excerpts from our own voice memos below.

Based on the combination of these images and associated voice memos, we intend to write an article using photoelicitation and qualitative methods to give us a sense of how we as a community of child mental health professionals are dealing with this unprecedented situation at the interface of our personal and professional lives.

We really hope that you will consider contributing. This would not take much of your time, and we are confident would help us reap important insights from these days. Needless to say, it would also provide us with an update of your lives.

We look forward to hearing from you and would be glad to answer any questions that you may have. Be assured that all materials would be treated under the full protection of our institutional review board.

**To contribute, please send your image and voice memo to andres.martin@yale.edu
We will welcome submissions through July 15, 2020.**

Warmest regards,

Andrés Martin
Bruno Falissard



March 23rd, 2020. This is the Inpatient Unit, Winchester One, where I have served as Medical Director since 2002. The date is important. We are in the midst of the COVID-19 pandemic and the four of us in this image are all wearing PPE, personal protective equipment. I never knew, among many things that I didn't know, how difficult it is to talk and to hear yourself and each other wearing these face shields. It is also quite hot under the face shield. At this moment, we are down to eight patients from a normal census of 16. Our unit is closed to admissions given that a ninth patient tested positive for COVID a few days ago and had to be transferred to pediatrics. There are no children in this image, of course, to respect their privacy, but they are wearing a different, a smaller kind of a mask. Usually we have four psychiatry staff taking care of patients. Right now we're down to one. We have many staff on the floor taking care of the kids and right now we're down to four. You see here, one of our nurses in blue and two of our milieu counselors in the teal gray shirts. It feels a little bit like a ghost town in this photograph, but I assure you that there are kids. This picture evokes for me becoming something of a "war doctor". It feels like running a unit under very, very different situations. Most of the input from our clinicians and families is coming from outside, through Zoom. No visitors, not even family. As I write this, I'm no longer in the unit. I have come to the other side of its locked doors, taken off my protective gear, but my three dear colleagues in the photograph are still there doing what they do so well. And I'm just in awe at the selflessness, at the wonderfulness of our team. I asked the nurse who is pictured here if it was okay to say this, and she was. Earlier today, I had a candid discussion with her. I know she has a medical preexisting condition, that she is at higher risk, and I asked her whether she was aware, which she is, very much aware. Whether she had spoken to her physician or healthcare provider about this, which she had. She's a very sophisticated and knowledgeable nurse and she told me, "I am here. This is my work. This is what I do. I will take extra and additional precautions and do what I do, but I need to be here for the kids and it's a privilege to serve." And I am just in awe. I am just in awe of what everybody is doing this day. I have fallen yet again back in love with medicine, with child psychiatry and the wonderful, wonderful people who work with me. I trust that everybody will remain safe and continue to be safe.



Since the beginning of the lockdown, I don't see my patients in a real-life situation. I see them using Zoom, WhatsApp, Skype, whatever software they have. And it works. I can do my job, no problem with that. But anyway, there are some things that are a little bit strange. For instance, I cannot have the possibility to see my patients in their eyes in the same time that they see me in my eyes. I just give you an example. If I want that you have the feeling that I see you in your eyes, I have to look at my camera. But if I look at my camera I don't see you anymore. This is embarrassing because communication is very related to the eyes. And in fact, in addition to that, all what we are seeing is fake, because I am not speaking to my patients, I am speaking to my computer. And in my computer there is a picture of my patient and this is the same for my patient. He or she does not speak with me but he speaks or she speaks to an image of me. And this is even more complex because if I want to sync to what is in my patient's mind, in fact first my patient's mind see only a picture of me and in fact I have no access to my patient's mind because I have access only to a picture of my patient. And so there is some kind of a matrix. I see a picture of my patient, who sees a picture of me, but the picture of me that is seen by the patient, in fact the patient is fake because I don't see really the patient. And at the end, what happens? At the end, we are lost in the matrix like in the film, The Matrix. We are lost in the pure virtuality of an electronic world. You will say this is not a problem, it works. Yes, okay. But in addition to that there is also the question of silence. When you speak to somebody, in particular in a very intense situation that can correspond to a psychiatric interview, from time to time you have silence. You have silence that can be empty because your silence. And you have silence that can be full. During this period of time we all know that in our mind there is something very important. There are no words, but there is in a way a communication with no words. These s of silence are very important in communication. And I don't know if you have noticed, but when you communicate with Zoom or Skype, et cetera, you have no more full silence. You speak, you speak, you speak, you obtain information, no problem. But no more full silence. Here again, you will say, this is not a big problem. We can do our job. But from time to time, we all really need to be in real life to face together as human bodies, as human people.

Hyperlinks to:

[IACAPAP Covid-19 resource page](#)

[Child and Adolescent Psychiatry and Mental Health](#)

[Child and adolescent mental health during the Covid-19 pandemic](#)

[Editorial: Child and adolescent mental health service provision and research during the Covid-19 pandemic: challenges, opportunities, and a call for submissions](#)

[Review: Challenges and burden of the Coronavirus 2019 \(COVID-19\) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality](#)

[Call for papers and Instructions for authors](#)