



## **Concept of the Clinic for Child and Adolescent Psychiatry and Psychotherapy (KJPP) of the Psychiatric University Hospital Zurich (PUK) for the mental health of children and adolescents seeking protection.**

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If you have any questions and/or concerns, please contact us. We collect all concerns - if possible bundled - around the children and adolescents seeking protection. We will examine together with which intervention the children, adolescents and families can be supported in the best possible way.

### Initial situation:

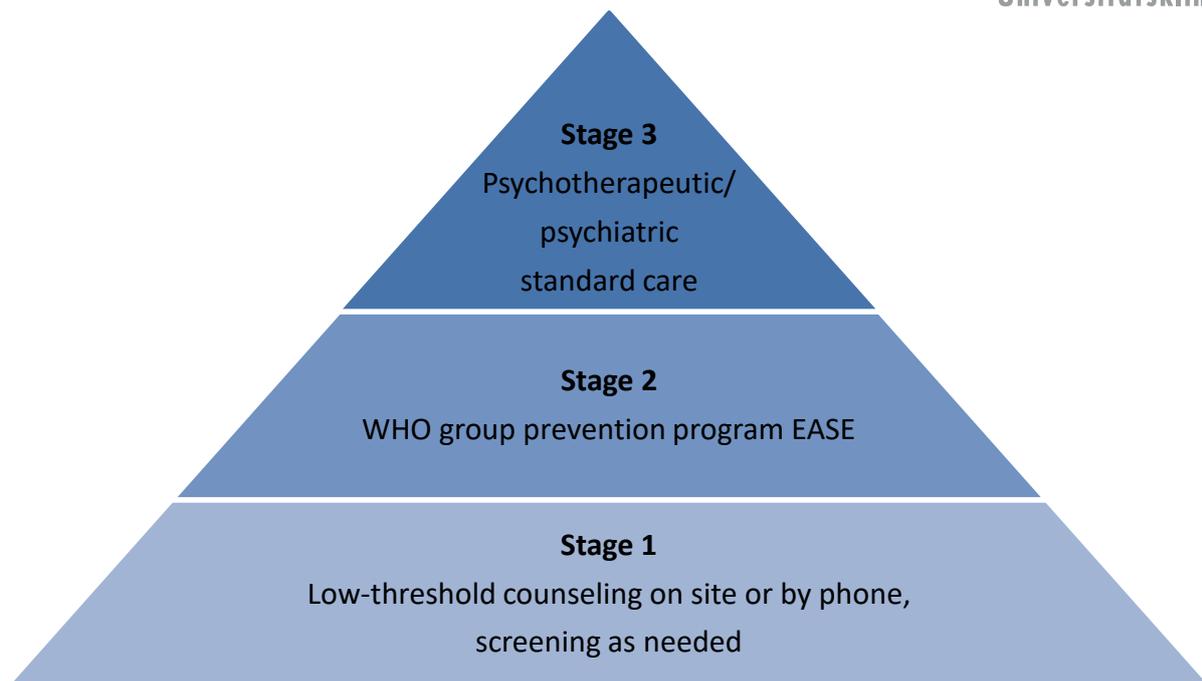
In the canton of Zurich, between February 2022 and the end of May 2022, approximately 3000 Ukrainian children and young people have been admitted. Due to the current political situation, many more will follow. The longer the war lasts, the more stressed the children, adolescents and their caregivers will be, and the more specific psychosocial/psychological/psychotherapeutic/psychiatric support they will need.

In order to be able to support these children and adolescents as promptly and efficiently as possible, and to be able to cope with this further major challenge facing child and adolescent psychiatry as low-threshold as possible, children and adolescents in the canton of Zurich should be cared for through a stepped care model. The two task forces of the canton (Task-force Ukraine of the Psychiatric University Hospital extended by trauma experts from the canton of Zurich) and the task force of the federal government (National Platform for the Mental Health of Protection Seekers NNPGS), in which the editors of this concept are also represented, developed and established such a stepped care model in dealing with the current refugee crisis.

As a clinic for child and adolescent psychiatry and psychotherapy (KJPP), we have the mandate to provide psychotherapeutic/psychiatric care to children and adolescents living in the canton of Zurich - in addition to the services offered by established child and adolescent psychiatrists. Thus, we are also responsible for the care of Ukrainian children and adolescents.

Even before the current "wave of refugees" and care of Ukrainian children and adolescents, the KJPP was and still is also responsible for the care of all other children and adolescents seeking protection who live in the canton of Zurich - always supplementary to the child and adolescent psychiatrists/psychotherapists in private practice. In the area of unaccompanied minors too, the need for support is currently great and has been further accentuated by the current situation. Accordingly, the various offers of this stepped care model should also be made available to all other children and adolescents seeking protection, if possible.

## STEPPED-CARE-MODEL:



### 1. Low-threshold counseling on site or by phone, screening as needed

In order to be able to develop this offer for Ukrainian children and young people as well as to offer support for their families (mostly mothers) but also for host families and institutions (schools, kindergartens, which look after or educate Ukrainian children), additional resources were granted by foundations in the sense of start-up financing. Low-threshold counseling should be offered on site, e.g. in reception centers, collective accommodations or by telephone, in order to answer questions as quickly as possible and to be able to connect to further services. If necessary, we work together with intercultural interpreters.

In concrete terms, a weekly open-door consultation is being set up in the collective accommodation 'Bettenhaus Triemli'. A consultation offer is also planned with the collective accommodation 'Buttenau' Adliswil as needed. The larger municipalities in the canton were informed about the KJPP offer by telephone. They can also contact the KJPP / contact person Mrs. C. Gunsch (head of the concept) if they need low-threshold counseling (by phone or on site). The first inquiries are already coming in.

In parallel, a simple screening instrument (SDQ, partly CRIES-Plus) is to be made available to primary care providers (family doctors/pediatricians) and schools (school psychologists, possibly school social workers), which can be used to briefly assess a child's condition. In case of questions or when the cut-off is reached, these children and adolescents can apply for an initial consultation and/or the participation in a group program.

In the area of care for unaccompanied minors (MNA), the capacities we already have, were currently increased in cooperation with the Asylum Organization Zurich (AOZ). There is an open-door consultation twice a week at the MNA center Aubruggweg. In addition, the advisory services for the Lilienberg have been expanded. This increase in services can be financed for the most part within the framework of the service mandate (via health insurance).

## 2. Group prevention program EASE of WHO ([www.who.int](http://www.who.int))

In order to be able to provide psychosocial support to a wide range of children and adolescents, we offer group prevention programs for children (from the age of 9 years on) in cooperation with the 'Network Spirit' ([www.spirit-network.ch](http://www.spirit-network.ch)). In the adult sector, this group program has existed for some time ([www.who.int/publications/i/item/WHO-MSD-MER-16.2](http://www.who.int/publications/i/item/WHO-MSD-MER-16.2)). In the children's area, the program is currently being evaluated and is about to be published.

In these group programs, children and adolescents learn in seven sessions of 90 min. to better understand their feelings (psychoeducation and emotion recognition), to calm their body (stress management and breathing techniques), to change their actions (behavioral activation), to manage their problems (problem-solving strategies) and to work on a better future (maintenance and relapse prevention). Parents and closest caregivers (currently usually mothers) are also included in this program in three accompanying sessions. They learn how to support their children and adolescents through active listening, activating resources, etc. These group services are covered by health insurance.

If there will be need for group therapy for children under the age of 9, other group concepts may be used. This must be decided in the course of treatment. Prior to this, individual support and the support of the mothers or caregivers is offered.

At the request of the WHO and in order to evaluate the effect of the group intervention EASE, an exact assessment is carried out by the SPIRIT team before and after the implementation.

## 3. Psychotherapeutic/psychiatric standard care

If stage 1 or stage 2 shows the presence of a trauma-related disorder, another mental disorder or an acute crisis, the children and adolescents can be registered and treated in our regular care (outpatient clinics, day clinics, inpatient services, emergency service KANT). Here we will have to prioritize according to severity and impairment - just as we do for other children and adolescents living in the canton of Zurich. Waiting times cannot be ruled out, depending on the disorder and the problem.

In cooperation with the FSP/FMH and the cantonal professional associations, we could include the network of established child and adolescent psychiatrists and psychotherapists. In order to make this possible, some factors, such as the coverage of costs for interpreters would have to be clarified in these structures.