

Strasbourg - Zagreb, 2 July 2025

Reflections of the chair of the Policy Division on the 2025 ESCAP Congress
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As a member of the ESCAP Board and Chair of the Policy Division, it was my role to help shape the content of the conference by pointing out the important topics deemed necessary by the members of ESACP, the Policy Division and the Board, and helping to identify suitable experienced and professionally respected experts who could help us learn more about each topic.

Firstly, I would like to congratulate the organising committee (of which I was not a member) for making the 21st ESCAP conference (in my humble opinion) one of the best (if not the best) conference in the last 20 years. They have achieved this not only through the selection of leading experts in the chosen fields, but also through the extremely well thought out and sensitively prepared lived experience sessions where the audience were able to experience different facets of our work from the patient, carer and patient/carer/professional perspectives. Thank you very much, this will undoubtedly make the work that many of us do more conscious and therefore undoubtedly better, more fulfilling and more successful for both – the users and the providers!

Despite the high professional quality of the invited speakers and the symposia, the congress was characterised by emotions in times of much controversy. This can only be explained by social and political developments, which some participants did not consider important for child psychiatrists. However, we know that societal developments have a strong influence on the experiences of the children and families we work with, whether they are aware of it or not. But we as professionals need to be. That's where my need to write this impression comes from. I will not go into the polarising political situation surrounding the numerous wars in Europe, the Middle East and Africa, whose main victims are always children, even though this is undoubtedly the most important issue of our time. My task was to prepare as many symposia as possible on another important topic for the youth of today: gender incongruence, gender dysphoria, and specifically how children and adolescents with symptoms of these entities are treated in the health care system. My appointment on this topic was a direct result of the [ESCAP statement on the care for children and adolescents with gender dysphoria: an urgent need for safeguarding clinical, scientific, and ethical standards](#), which was published in April 2024.

As Prof Moreno has so sensitively outlined (and I agree with her that knowing our background is extremely important to our work), I feel the need to disclose my background too. I am also a mother of two teenagers, a teacher, a researcher and have worked professionally with adolescents with personality disorders and severe self-harm (suicidal and non-suicidal) for more than two decades. One-fifth of my clinical work over the past decade has involved young people with gender nonconformity who seek medical treatments. As anyone who works with this population inevitably knows, in this time and age they subconsciously seek much more than just medical treatment, and sometimes I

get the impression that we can see and assess their needs but don't really know how to meet them. They come prepared, they very often »know« what they need - as we heard at the conference - like customers who want to be served. They ask for a medical transition. But the presentation inevitably hides immeasurable suffering, masked by layers of traumatic experiences and defence mechanisms. They have often worked for years to overcome their parents' defences, leaving the family defenceless and defeated, terrified about what will happen to their child and often unable to stop them or support them in making the right decision. A decision that will inevitably change their lives forever. Whether for the better or for the worse, we have to finally admit that no one really knows at the moment, as we lack real long-term observational data.

There may be a small subset of children and perhaps adolescents who will benefit long-term from these treatments, and for them we should learn what treatments, when, in what form and dosage, and how we can continue to support them during transitions and life cycles (adolescence, adulthood, school years, romantic relationships, family, ageing, end of life). However, there is a group of children and adolescents who need a different kind of support. As child and adolescent mental health professionals, we can recognise these needs and know how to help them to the best of our ability and evidence base so far (this will undoubtedly increase in every area of need). But in my opinion, society (and this is our responsibility!) needs to provide a platform for young people to believe that ALL of these options are legitimate and real. There shouldn't be just one option, one way (all or nothing) – and young people and their families should know that! So they can honestly make »an informed choice« (when they are cognitively and emotionally able!). And as long as the professionals who have the most knowledge and experience in this field are silenced or perceived as »gatekeepers«, as those who prevent the only possible solution to their suffering, this will not be possible. The consequences are and will be felt by these same young people.

So to come back to the conference. My experience at the 2025 conference was comprehensive, exhausting and at the same time encouraging, but above all very emotional. I listened to almost all of the experts' presentations on gender dysphoria in children and adolescents. The experts on personal experience, treatment, ethics, research, systematic review/meta-analysis and guideline development. My highest admiration for them all! Because I believe that this is the most difficult area of child psychiatry at the moment. And I can very much relate to Dr Cass' recommendation to clinicians working in this area – they should all work only part-time with children and adolescents with these presentations and work on other areas of child psychiatry (clinical psychology, paediatrics, ...). Whilst absorbing all this knowledge and experience, I couldn't help but notice the emotional charge and the immense efforts that many (if not all) were making to remain strictly professional. I must also note that this was well recognised by many, and it worked! We opened up the platform for debate amongst colleagues in a safe space. Our wonderful ESCAP Congress – that was the original aim of ESCAP. And as Prof Fegert mentioned in his welcome address, we resisted any calls for censorship and manipulation after the review process. And from here, science and practise can move forward!

As a psychotherapist with a systemic family background (that's the downside of attending ESCAP congresses, you can't protect yourself from being understood by almost everyone, so it's extremely brave and disclosing to come here!) and as I watched the extremely charged public debates around the world, I couldn't help but notice that many of the participants, while remaining professional, had had stressful, perhaps even sometimes traumatic experiences, such as being attacked, being let down, being disgraced, and probably much more that I can imagine myself. I believe that all of this deeply affects our basic trust in the people we once respected and admired, in our colleagues and the entire professional community and, above all, – our objectivity in our work. Our work with children and families! That was my experience too.

However, I believe that ESCAP, all its members and our professional community have the knowledge, experience, skills, resources, will and strength to overcome our own trauma – for the sake of the children and families we have chosen to be there for. Because the intention to care for children (and families) was, in my opinion, the main source of the energy we felt in every single talk, discussion, interaction or even just a nod to a statement. This was the main commonality, the common thread of all these sessions (and the entire congress) – every professional, whether clinician, scientist or both, exuded a tremendous determination to give what they know is best for these young people.

And I believe that this is at least a goal that everyone agrees on! However, the prerequisite for this is a professional attitude, including in the way the professionals deal with each other, as was demonstrated at the congress, and not just good intentions, because as we know, “the road to hell is paved with good intentions”.

From here, the road to consensus can be paved. And ESCAP is ready to create a secure base for this!