

Dear colleagues,

Banja Luka, a city in the western part of Bosnia and Herzegovina, hosted the 4th Psychiatric Congress in Bosnia and Herzegovina with international participation, held from 16 to 19 November 2017. under the motto "*Psychiatry and Mental Health: Dilemmas and Perspectives*".

Mental health experts from Bosnia and Herzegovina, the region, as well as from other parts of Europe and the world, have had the opportunity to exchange experiences and current information, as well as discussing many topics related to professional and scientific dilemmas, place and role of psychiatry in mental health and medicine, but also in society as a whole, as well as a humanistic and individualized approach to people with mental health problems, in the light of contemporary knowledge of mental disorders and behavioral disorders.

The Congress has presented the results of the latest research, showing the latest practice experience and open new ways to integrate different approaches and therapeutic procedures to make Congress a stimulus for new achievements in day-to-day work, for the benefit of the patients and the community as a whole.

The eminent experts and lecturers of this congress were Professors Norman Sartorius (Switzerland), Professor Afzal Javed (United Kingdom), Professor Michel Botbol (France), Professor Armida Mucci (Italy), Professor Coskun Bulent (Turkey), and many others from the region and other parts of Europe and the world. The arrival and active participation of the most prominent professors from the region and from other parts of the world are one of the linkages of the Association of Psychiatrists in BiH with the Global Psychiatric Association. The Congress is supported by the World Psychiatric Association (Congress co-sponsored by WPA) and the European Psychiatric Association (the patron of Congress).

One of the goals of the congress is to present the current site and the role of psychiatry in mental health, medicine and modern society. The greatest interest of the participants, according to the received works, has been shown in the areas of stress, disease dependence, child psychiatry, then mental health policy and the role of mental health in the community.

Congress has provided the opportunity for professionals and all those involved in mental health to improve their knowledge. The aim was also to assist in the destigmatization of patients, institutions and even mental health professionals.

Some of the topics of the congress include early intervention in psychiatry, child and adolescent psychiatry, affective disorders, posttraumatic stress disorder, dependence disorders, forensic psychiatry, mental health of women, psychopharmacotherapy, social psychiatry, reformation and education of professionals in mental health, ethics and psychiatry and others.

Adverse childhood experiences which is conceptualized as a negative childhood experience associated with increased risk of poorer health (both physical and mental) and social outcomes over the life course. Emotional, physical and sexual abuse, neglect, mental illness of caregiver, and family or community violence, predict higher risk of somatic diseases, addictions, depression and premature mortality. The early life stress and trauma is associated with childhood adversity, which involving relationships (to caregivers, family, community, peers) and other social experiences, interacts with developmental processes. Epidemiology shows that the major risk factors for suicide are sexual and/or physical abuse in childhood and a family history of suicide, together with mental health problems such as borderline personality disorder and post-traumatic stress syndrome. These risk factors are not independent as adolescent male suicide attempters are 5.6 times more likely to suffer from post-traumatic stress syndrome and 3.1 times more likely to suffer from borderline personality disorder if they have been sexually abused as children. Interest for psychotrauma and its consequences increased dramatically in the mental health community after the introduction of post-traumatic stress disorder diagnosis. Psychotraumatic external appearance is an uncontrollable experience that threatens the psychophysical integrity of a person and ultimately its physical survival. Early psychotraumatization represents a multi-layered construct that includes physical, sexual and emotional abuse, neglect and bullying. According to findings in studies, a significant number of patients with severe mental illness reports sexual or physical abuse in childhood. The prevalence rate of early psychotraumatization among patients with severe mental illness is higher than among non-psychotic patients. Childhood sexual abuse was associated with auditory verbal hallucinations, whereas victimization (physical abuse and bullying) predicted paranoia as well as auditory verbal hallucinations. Separation experiences (placement in foster care or institutions) were associated with paranoia. The phenomenology of psychotic disorder of people who had experienced early psychotraumatization is significantly determined by the type of psychotraumatic experience.

Every fourth child is approximately estimated to experience some sort of early psychotraumatization. The experience of early psychotraumatization is commonly found among people with psychotic disorders.

Recognition that adverse childhood experiences are common and frequently happen as multiple events may be the first step in preventing their occurrence. Strengthening response and support for child victims of childhood adversities, through out the lifecycles is extremely important.

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