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*Our survival as a human community may depend as much upon our nurture of love in infancy and childhood as upon the protection of our society from external threats*. - Selma Fraiberg

As we pen these words, the COVID-19 pandemic is having profound impacts on human society. Based on decades of research, we know that the accompanying illness,1 death2 and social isolation,3,4 and malnutrition5 will have deep and lasting impacts on our children and adolescents, their families, and the communities in which they develop. The pandemic is exposing, with terrible clarity, the disparities in human society – racism,6 and poverty,7,8 domestic violence,9,10 and child maltreatment and neglect11 – and tragically will likely amplify the negative impacts each has on child development and mental health.

The confluence of various factors during this particular crisis are occurring at a time when we have powerful research methods at our disposal. Our research community is already taking on the challenges of applying these methods to this crisis. New consortia are developing, new instruments are being created, and new “natural” experiments of either existing cohorts or emerging cohorts are being designed and even analyzed.

The Journal’s role in this effort is to provide a scholarly record of how the mental health of children and adolescents and their families are impacted by the COVID-19 pandemic and how the child and adolescent mental health system responds to support them, consistent with the Journal’s mission *to advance the science of pediatric mental health and promote the care of youth and their families.*

In particular the Journal is supporting the submission and expedited editorial and peer review of New Research and Clinical Perspectives manuscripts focused on the impacts of the COVID-19 pandemic on child and adolescent mental health and related services in the following areas. Further guidance on these submissions may be found in our [Guide for Authors](https://www.jaacap.org/content/authorinfo), which are reproduced in Table 1. The Journal endeavors to play its role in the scientific method[ref] by expediting the editorial and peer review process and to make all COVID-19-related publications publicly available at no cost to readers. We also commit to maintaining our high editorial standards such that the articles we publish regarding this pandemic are *well designed, carefully conducted, and properly interpreted and… [are] situated within and expands the existing knowledge base*.12

Here we provide a brief overview of the pandemic-related submissions we believe are particularly important for our science and practice:

* **Epidemiology**. How specific pandemic-related factors impact maternal, infant, , child, and adolescent mental health, and how these factors interact with previously known and existing risk factors to amplify risk and/or resilience.
* **Measuremen**t. Development and validation of new measures that capture variation in the impacts of COVID 19 on family/individual functioning and other factors with specific relevance to pediatric mental health.
* **Neuroscience, Genetics and Epigenetics**. Ongoing neuroimaging studies that have been interrupted by the pandemic may be able to assess differences as a result of changes to stop the spread of the virus (i.e., isolation, social distancing and changes in peer interactions, increased screen time, etc.). Epigenetic studies that have pre-COVID samples may be able to resample after COVID exposure or after exposure to the stress of social isolation. Genetic studies, that are adequately powered, may explore vulnerabilities and resilience at the level of genetic variation.
* **Biomarkers**. Biomarker identification and/or testing of biomarkers that capture the multi-faceted impact of COVID 19 on children and adolescents as they relate to mental illness and/or resilience.
* **Prevention, Treatment, and Service System Response**. The role of any preemptive prevention strategies and their impact. Guidance on how to address the challenges of managing patients given the restrictions reacted to the Covid-19 pandemic. At-risk groups, including immigrants, youth in juvenile detention, newborns, homeless youth, children with chronic illnesses, and other groups differentially impacted by health and socioeconomic disparities, are particularly important in this regard. Multi-site investigations of the rapid expansion of developing paradigms to respond to the crisis that include standardized protocols and outcomes along with investigations into new gaps that were produced by this pandemic.

We are deeply appreciative of the commitment of you - our friends and colleagues in the children’s mental health community – and your extraordinary work to care for children, adolescents, and their families in the midst of this crisis.

**TABLE 1: GUIDANCE FOR AUTHORS OF POTENTIAL CORONAVIRUS/COVID-19-RELATED SUBMISSIONS**

JAACAP is supporting the submission and expedited editorial and peer review of manuscripts focused on the impacts of the COVID-19 pandemic on child and adolescent mental health and related services in the following areas:

* **New Research** – Empirical investigations regarding the impacts of COVID-19 on child and adolescent mental health and service system responses.
* **Clinical Perspectives** – Submissions that provide novel, informed guidance with a sufficient empirical basis for clinical recommendations and do not replicate what is widely available online. Inquiries about submitting a Clinical Perspectives manuscript can be made by emailing [support@jaacap.org](mailto:support@jaacap.org).

Further guidance on these submissions may be found in our [Guide for Authors](https://www.jaacap.org/content/authorinfo).

Our goal is to provide a scholarly record of how the mental health of children and adolescents and their families are impacted by the COVID-19 pandemic and how the child and adolescent mental health system responds to support them, consistent with the Journal’s mission *to advance the science of pediatric mental health and promoting the care of youth and their families*. Towards that end, submissions that do not meet the above criteria are unlikely to be considered for publication. These include the following examples:

* Single-site program descriptions and preliminary descriptions of treatment adaptations
* Materials to provide useful, real-time information and clinical guidance to the child and adolescent mental health community. If you are preparing such materials, we strongly encourage you to work directly with professional societies and organizations to contribute your expertise to their efforts. For example, the American Academy of Child & Adolescent Psychiatry (AACAP), the Publisher of this Journal, has developed a publicly accessible Coronavirus Resource Library that they are regularly adding materials to (<https://www.aacap.org/coronavirus>).
* Commentaries or Letters to the Editor calling for more funding for clinical services or research.

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