

describe the nature and characteristics of GD, how it compares with substance use disorders in ICD-11, and will present the findings from a four-country study which aimed to identify key features that contribute to the assessment and diagnosis of GD. *Method:* A sample of 796 adults who played online games for at least three hours per week was recruited from Australia, Canada, the United States and the United Kingdom. Participants completed a survey of GD features (76 items) and measures of duration and frequency of gaming. After exploratory factor analysis, GD domains were appraised by Item Response Theory (IRT) analyses. *Results:* Items which reflected the more severe end of the IC spectrum included (i) gaming despite others pleading, and (ii) spending more money than was affordable (IRT coefficients >0.5), whereas longer duration or more frequent gaming reflected the milder end (~ 0.2). IP items reflecting more severe gaming included (i) losing an important relationship and (ii) forgetting to eat (0.6-0.7). For CG this was continued gaming despite evident problems with family or friends (0.6). The most severe IM items included (i) trouble at school or work and (ii) lost relationships (0.9-1.0), whereas sleep disturbance and physical pain represented the less severe end (0.5). *Conclusions:* Within the GD symptom domains, there is a wide spectrum of severity. Caution must be taken in devising screening and diagnostic instruments not to include items that are commonly seen across a spectrum of videogamers in order to avoid diagnostic hyperinflation.

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The need for a global monitoring system based on national ones

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In 2019, ICD-11 included gaming disorder and created a chapter on behavioral addiction. The World Health Organization's decision means that behavioral addiction can pose a public health threat, that it should be reflected in the International Classification of Disease-11 to respond, that there are diagnostic guidelines agreed upon by experts in the health sector, and that the current health systems can address the behavioral addiction problems with additional capabilities and options. However, the presentation of diagnostic guidelines is only a declaration of the beginning of a response to the problem of behavioral addiction. In order to respond to the problem of behavioral addiction, it is necessary to monitor and share the natures of the problem and the response of member countries. Monitoring the present and finding and reflecting future improvements is the basis of public health policy. Already, in the field of alcohol and drugs, such an monitoring platform is being established. Behavioral addiction is also the result of three aspects of interaction: agent, host, and environment, so an survey and monitoring system can be established with a concept similar to substance addiction. In particular, since the behavioral addiction problem is a newly emerging health problem, there are many differences between countries, cultural contexts, and intervention systems. Therefore,

the establishment of such a monitoring system can play an important role in establishing a standard and effective behavioral addiction intervention system at each country and even at the global level.

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Policy and practice challenges in addressing gaming disorder in Indonesia

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Gaming disorder has emerged as significant public health concerns worldwide, including in Indonesia. There is a huge gap in providing addiction treatments in Indonesia. With a population of more than 277 million, there are only 32 addiction psychiatrists nationwide. A prior study identified that out of 600 samples, 16% of Indonesians were at high risk of IGD with more adolescents than adults. Of those identified, none have ever sought professional care. In Indonesia, gaming disorder is associated with aggressive and delinquent behavior which leads to confinement and altogether increases challenges in addressing the disorder. To date, there is a lack of specific policies in Indonesia addressing problematic internet use. The Ministry of Communication and Information has initiated a national gaming rating system (IGRS) that categorizes games into five groups based on age, genre, and platform. However, there are no evident consequences for violating the IGRS system. Indonesia has collaborated through various avenues involving governmental entities and non-governmental organizations. It is essential to advocate to the government regarding the harms associated with gaming to establish national policies and strategies. Raising public awareness about gaming disorder is crucial as it helps people comprehend the negative impact caused by this disorders and encourages them to seek help when needed. Engaging general physicians, counselors, and other mental health professional are also necessary to address the issue. Various studies have been conducted to determine effective management for patients with gaming disorders. Psychological treatment, such as Dialectical Behavioral Therapy, effectively improves symptoms and increases motivation for behavioral change. Nevertheless, universal and selective prevention must be developed as a future step in delineating effective therapy for gaming disorders.