

Focus on Childhood and Adolescent Mental Health

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In this issue of *The Journal of Clinical Psychiatry*, we are excited to begin a new series entitled "Focus on Childhood and Adolescent Mental Health." This section will highlight selected studies that are relevant to the promotion of mental health in children and adolescents as well as those investigations that examine mental health disorders in children and adolescents. Historically, investigators did not conduct mental health research that was specific to children and adolescents. Instead, findings from studies of adults were often applied to children and adolescents. However, over the past decade, data have emerged suggesting that children and adolescents are indeed different from adults in many ways, mandating that investigators conduct age-specific studies of mental health and mental health disorders.

WHAT IS CHILDHOOD AND ADOLESCENT MENTAL HEALTH?

"Focus on Childhood and Adolescent Mental Health" will include any new research or review that is pertinent to the promotion of mental health or the prevention of mental health disorders in youth. Specifically, childhood and adolescent mental health includes studies of the epidemiology, phenomenology, and biology of psychiatric and other developmental disorders in children and adolescents; studies of pharmacologic and behavioral interventions that include children and adolescents with psychiatric disorders; and investigations that examine prodromal and subsyndromal manifestations as well as early intervention strategies for mental health disorders in children and adolescents.¹

Several disorders by definition begin during childhood or adolescence, such as attention-deficit/hyperactivity disorder and other disruptive behavior disorders. There is little dispute that these disorders are considered a part of childhood and adolescent mental health. In contrast, several psychiatric disorders, until recently, were thought to only occur in adults, such as mood and anxiety disorders.²⁻³ Although these disorders have a devastating impact on normal development and are associated with a more severe illness course when they present in children and adolescents, until recently they had received less attention than the more classic childhood and adolescent disorders.

ARE KIDS JUST MINIATURE ADULTS?

Child and adolescent mental health is still in its infancy. The fact that children and adolescents may suffer from psychopathology is a relatively recent concept. In fact, formalized training in child and adolescent psychiatry only began in 1944, and the first subspecialty board examination for child and adolescent psychiatry was as recent as 1959. Systematic research in the field occurred even later and is still evolving. It was not until the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) that child and adolescent mental disorders were assigned a separate and distinct section within that classification system, and only recently have DSM criteria been adapted to acknowledge that the clinical manifestations of a disorder may be different in children and adolescents than in adults.⁴

Although there are limited controlled treatment data for childhood and adolescent mental illnesses,⁵⁻⁶ we have learned that medications that are efficacious for the treatment of an illness in adults may not work for the same illness in youth (e.g., tricyclic antidepressants for depression).⁷ Conversely, medications that are not efficacious for adults with a specific disorder may be effective for children and adolescents with the same disorder (e.g., possibly topiramate for bipolar disorder).

Similarly the pharmacokinetics and pharmacodynamics of medications are often very different for children, adolescents, and adults. Recognizing these differences in efficacy, tolerability, and safety between adults and children and adolescents, the U.S. Food and Drug Adminis-

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tration mandated that separate studies are conducted in children and adolescents for medications that receive approval for use in adults.

Several factors may contribute to the observed age-related differences in the phenomenology and treatment of mental health disorders, including differences in duration of illness, developmental stages, and biology between children, adolescents, and adults. Specifically, it is essential to consider the impact of rapidly evolving hormonal and neurobiological systems during childhood and adolescence. Additionally, assessment and treatment of children and adolescents is inadequate without consideration of the influence that families and other support systems as well as schools have on the mental health of children and adolescents.⁸

THE NEW ERA OF RESEARCH IN CHILDHOOD AND ADOLESCENT MENTAL HEALTH

A national shortage of child and adolescent psychiatrists exists in the United States. In fact, in 1981, the Graduate Medical Education National Advisory Committee Report⁹ declared that child and adolescent psychiatry is the least sufficiently staffed medical specialty and recommended tripling its numbers within 10 years. This goal was not achieved, and therefore we are left with few child and adolescent psychiatrists and even fewer child and adolescent mental health researchers. As a result, there is a dearth of data-based studies on which to base the clinical evaluation and treatment of children and adolescents with mental health disorders.

Specifically, there have been relatively few double-blind placebo-controlled treatment studies of childhood and adolescent mental health disorders compared with adult mental health disorders. Treatment studies that involve children and adolescents are often difficult to conduct, and careful consideration for the ethics of conducting such research is necessary. Although we have made many advances in understanding the phenomenology of childhood and adolescent mental health disorders, we are

in desperate need of additional research involving powerful tools such as neuroimaging and genetics to begin to understand the biological basis of mental health disorders in children and adolescents.

Finally, children and adolescents serve as the ideal population in which to conduct early intervention studies so that we may begin to decrease the morbidity and mortality associated with chronic mental health disorders. As an initial step, studies examining prodromal and subsyndromal illness presentations are necessary. Additionally, investigations that identify susceptibility biomarkers for mental health disorders are needed, with the ultimate goal of developing targeted early intervention and prevention strategies for mental health disorders in children, adolescents, and adults.

“Focus on Childhood and Adolescent Mental Health” will emphasize studies that are related to the mental health of children and adolescents in an effort to inform and advance the clinical care of this understudied population.

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