The relevance of family variables in child and adolescent mental health

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Modern concepts of developmental psychiatry have emphasized the relevance of the interplay between genetic and environmental factors in the etiological roots for child mental disorders for a long time [8]. However, genetic aspects have raised much more attention in the last years due to the great development in our understanding on how genes determine vulnerabilities for psychopathology and the high heritability associated with several major mental disorders. Causing some disappointment in the field, very recent findings are indicating that genetic vulnerabilities might work through more unspecific pathways than previously expected (see [2, 3]).

This scenario has revitalized the interest on investigations of the role of environmental factors in child psychopathology. Among them, family variables are receiving more attention in the literature. For example, Schleider et al. [9] found that family structure was a huge moderator in the relation between parents' psychiatric symptoms and their children mental problems in a referred sample of youths. Moreover, parenting styles such as harsh parenting modify biological mechanisms affecting the expression of genes that might play a role in some child mental disorders [10].

In this issue of the European Child and Adolescent Psychiatry, three different papers tackled the relevance of family variables in psychopathology from different perspectives. Hayatbakhsh et al. [5] present findings from a population-based birth cohort study in Australia showing that family structure and the quality of marital relationship measured at the 14-year follow-up predicted offspring's

psychopathology at 21 years. Children living with a stepfather, single mothers, or in families where high marital conflict was detected reported higher symptoms of psychopathology at 21 years. The association survived adjustments for a robust set of potential confounders.

Some previous findings have suggested that not only family structure but also dysfunctional parental styles might impact on child and adolescent psychopathology. This effect has been extensively studied for internalizing disorders and more specifically for depression in adolescents [7]. However, the impact of different psychiatric diagnosis in each of the parents in their parental style is an area of much less investigations. The new DSM-5 criteria for ADHD remove the impossibility to make the diagnosis of ADHD in the presence of Autistic Spectrum Disorder (ASD) (see [1] for a critical discussion of this modification). Van Steijn et al. [11] recruited a sample of 96 families with one child with a clinical ASD + ADHD diagnosis, and one unaffected sibling. They present findings in this issue suggesting that the presence of symptoms from each of these two diagnoses in different parents affects parental styles with unaffected children. Fathers with high ADHD symptoms and mothers with high ASD symptoms reported to use a more permissive parenting style only towards their unaffected child.

Well-designed systematic reviews and meta-analyses have documented the favorable impact of parenting programmes for child behavior problems (see [4]). Despite the quality of this evidence, it is important to bear in mind that several of these interventions are based on extremely structured protocols delivered by highly trained professionals in very controlled environments. Few studies address the barriers for these interventions in real world clinical settings from the perspective of parents. In this issue, Koerting et al. [6] present a systematic review

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addressing this topic. Among several factors, family characteristics such as number of children in the family, parental symptoms like shyness emerged as important barriers to overcome.

Overall, these studies allow our readers to revisit the relevance of family variables in child and adolescent mental health.

Conflict of interest Dr Luis Augusto Rohde was on the speakers' bureau and/or acted as consultant for Eli-Lilly, Janssen-Cilag, Novartis and Shire in the last 3 years. He also received travel support (air tickets and hotel) for attending two Child Psychiatric Meetings from Novartis and Janssen-Cilag in 2010. The ADHD and Juvenile Bipolar Disorder Outpatient Programs chaired by him received unrestricted educational and research support from the following pharmaceutical companies in the last 3 years: Abbott, Eli-Lilly, Janssen-Cilag, Novartis, and Shire. He also receives research support from Brazilian government institutions (CNPQ, FAPERGS, HCPA and CAPES) and authorship royalties from Oxford Press and ArtMed.

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