Editorial: what are the concerns of a European child and adolescent psychiatrist?

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As a child and adolescent psychiatrist working in London, my first professional concern is for the patients who attend the clinic and the mental health of the young people of the area in which I work. There are times, such as this evening as I sit on a flight to Madrid to attend a scientific meeting, when my thoughts regarding child and adolescent mental illness extend beyond my immediate area to wider Europe. Then there are times when one is reminded of the broader concern for the mental health of children and adolescents across the globe. The current plight of refugees in Europe reminds us of this [3]. Reading the current issue of the journal ECAP emphasises that point.

There are, of course, a number of papers from European researchers addressing important clinical and scientific questions, but there are also reports of studies from Brazil and the Democratic Republic of Congo (DRC) [4] and a systematic review of research from a range of low- and middle-income countries across the globe [5]. This international emphasis illustrates something about our speciality which is at once both challenging, and is also one of the things that make it probably the most interesting area of medicine in which to practice (in my, perhaps biased, opinion). That is, that child and adolescent psychiatry extends outwards into many other areas of medicine, child development and the social and political world. Whilst there is a core to our specialty on which we could probably form a consensus—with understanding, diagnosing and treating or managing mental illness in children and adolescents at its centre—there are many areas where the boundaries become less clear.

A second example of this difficulty with borders concerns who our patient group are. Whilst an easy definition is young people up to the age of 18 years, this is now extending in many places to include young adults—particularly in the case of psychosis, where it can make more sense to take an early intervention approach spanning from 14 to 30 years, rather than a cutoff at 18 years. At the other end of the age spectrum, we are increasingly understanding more about the risk factors associated with pregnancy and the early years—for example, high levels of maternal anxiety in pregnancy being associated with an increased risk of psychiatric outcomes for offspring [1, 2]. So, the boundaries between perinatal psychiatry and early child psychiatry become more blurred.

A third example is that of risks for mental illness in children and adolescents. Biological factors play a role in many disorders, but it is probably impossible to understand a child's mental health without a proper consideration of family factors, school factors, and the wider environment, including factors such as societal violence, maltreatment [6], and poverty—both relative and absolute. So, inequality in society becomes a concern of child and adolescent psychiatrists, whether we engage with that actively or not.

One paper from the current issue that particularly struck me in this regard is the systematic review of Sturrock and Hodes [5]. Their careful and robust review of studies examining child labour in low- and middle-income countries found that child labour was associated with an increased risk of internalising problems in particular for children, and that younger children were more at risk of psychopathology. This is important in part because of the huge number of children involved in child labour across the globe—215 million according to the United Nations figures they cite. As one would hope from a good systematic review, they are also able to identify some of the

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weaknesses in existing literature, which should help point the way to future research. However, perhaps the most important message of this paper is to highlight that there are factors affecting many, many children, such as child labour, which can have a detrimental effect on their mental health. It seems to me that we are challenged to consider this carefully if we are aiming to reduce the burden of child and adolescent mental illness in the years ahead.

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