



ECAP Editorial

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This month's issue of the European Journal of Child and Adolescent Psychiatry (ECAP) has a broad range of topics, research approaches, and perspectives to enjoy. One of the particular pleasures of being involved in ECAP is the breadth of perspectives taken, with papers coming from across Europe, and beyond.

As well as the geographical breadth of the papers in this issue, there are three other examples of the breadth of perspective needed in Child and Adolescent Psychiatry. The first of these are the multiple perspectives required in our understanding of aetiology and treatment. As specialists working with children and families with mental health difficulties we have to hold a wide variety of factors in mind, including risks and mechanisms that might include psychological, social as well as biological factors. This complexity is illustrated by the psychosocial focus of March-Llanes and colleagues [1] in exploring the potential impact of stressful life events on psychopathology and Gutiérrez-García and colleagues [2] in exploring the long term mental health outcomes for young people not in education, employment or training in Mexico City on the one hand. In contrast and in search of a more biological understanding of the development of some disorders de la Torre-Luque and colleagues [3] and Rozenman and colleagues [4] both explore the physiological response of young people developing anxiety, through the cardiac profile and autonomic responses of young people respectively. Similarly Rommel and colleagues [5] explore the EEG profiles of adolescents born prematurely, and Evangelista and colleagues [6] assess the serum levels of kynurenine metabolites in young people with a diagnosis of ADHD.

The second example of breadth exemplified in these papers is the need to hold in mind the potential advantages and problems inherent in the use of diagnoses. The challenges inherent in diagnosis are also explored in this body

of papers. With revisions of the ICD classification underway, discussions and debates are prominent about the utility of specific diagnoses, and indeed the utility of diagnosis full-stop amongst some professional groups. Diagnoses properly used can aid communication and shared understanding about a problem, but in the context of the changes inherent in children's development they can be problematic. This is seen in part in the high levels of comorbidity seen alongside ADHD explored in the paper by Reale and colleagues [7]. Comorbidity is so common in child and adolescent mental health, and it does illustrate some of the problems with our categorisation of mental distress and difficulties that young people experience.

The third example of breadth in this issue is in the wide range of methods used to undertake the research described. There are few journals which will contain epidemiological studies, meta-analyses, and physiological and psychometric lab based studies, and accord them appropriate weight and space. This to my mind is a strength of our field of practice, which we can be proud of, but also sits alongside the humility we must have of knowing there is much we do not know—including sometimes not being certain of the best and most consistent ways of describing the problems that young people experience and the best ways of helping them.

To finish on a personal note, this will be my last editorial as a member of the editorial board of the journal. I have greatly enjoyed this role over the past 3 years, reviewing and editing a wide range of submissions on topics from infant mental health to depression in adolescence and I wish Johannes Hebebrand and the Editorial Board every success going forward. I will remain a committed reader of the journal.

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