

Environment for the better, environment for the worse—new evidence to inform players in public mental health

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More and more studies deal with the problem of gene \times environment interaction ($G \times E$) to explain the origins and courses of child psychiatric disorders [3]. However, this kind of knowledge is still in its infancy and few of these $G \times E$ effects have been sufficiently replicated [8]. Nevertheless, the results can and should be introduced already in today's public mental health debate of prevention, e.g. how to reduce the additive risks of certain genetic polymorphisms and smoking during pregnancy [1, 4]. The role of more complex environmental factors (usually psychosocial in nature) in mediating and modifying psychopathology of children is investigated much broader [5], but still highly debated.

Therefore, the data base needs to be deepened and extended to represent a valid precondition for sound political decisions in public mental health. So far, it is not always clear what arrangement of the environment is for the better and what for the worse of a child's mental health. Several articles of this issue contribute to this point in a convincing way.

Hodes reports in his "Letter to the Editor" about the policy of the European Union to detain hundreds of asylum-seeking children and adolescents for weeks and months in prison like environments and when released they usually do not get support from child mental health professionals. This is disappointing because it would be easy to provide a better environment for these children, especially in the light of the fact that children in foster homes have a high risk of learning and mental health problems [2, 6]. In addition, it reflects that mental health policy for

children needs more awareness in the public to get more and better support for minors.

One of the most frequent, highly visible, socially impairing and politically important child mental health problems is externalizing behavior. Its existence already in childhood and adolescence is highly predictive for later externalizing behavior and other psychopathology (Reef et al. this issue). Although there exists a large evidence base on clinically assessed externalizing disorder and its treatment, many mediating and moderating environmental aspects are not yet fully explored. Especially, the presence of externalizing problems in the general population and its role for planning public health interventions remains to be further clarified. Three articles of this issue (Reef et al. and Buschgens et al. from the Netherlands and Roustit et al. from Canada) face this area with large-scale epidemiological studies. The cross-sectional data of Buschgens et al. and Roustit et al. show, that e.g. parental psychological stress, parental externalizing psychopathology and parenting style with rejection increase the risk for externalizing behavior in the offspring. This further supports the notion that social support and psychoeducational training for parents at risk would be an adequate and economically reasonable option to be applied as a preventive tool.

But not only parents should be looked after preventively. The longitudinal work of Reef et al. suggests "that children displaying high levels of externalizing behavior ... run a larger risk to have poor outcomes in adult life ..." and that different trajectories (they found four types) reflect different possibilities of disturbances along the lifespan and consequently different chances to profit from valid interventions. The lowest chances are assumed for high-risk populations which are still not very well investigated. This is underlined by the work of Drugli et al. (this issue). They treated 4–8-year old children in a randomized

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controlled trial for several weeks with the incredible years parent training (PT) program or a combined parent training and child training (PT + CT). By the 1-year follow-up, persistent conduct problems were seen in those children who had pre-treatment high levels of externalizing and aggression problems.

In summary, mental health prevention and treatment need to identify and closely monitor children with externalizing problems very early in life and provide them with the best possible environmental conditions. This would also help these children to improve their usually accompanying and disabling internalizing problems such as emotional dysregulation [7].

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