

# The Next Big Thing in Child and Adolescent Psychiatry

## Interventions to Prevent and Intervene Early in Psychiatric Illnesses



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### KEYWORDS

- Prevention • Health promotion • Maternal depression • Familial depression
- Substance abuse • Adolescent depression • Ultra high risk for psychosis

### KEY POINTS

- Psychiatrists have long spent much of their time working to reduce symptom burden in chronic conditions in their patients. However, an era is beginning in which psychiatrists can aim to prevent mental illness, reducing the number of people affected by mental illness in their lifetimes.
- Treating depression in mothers can have great benefit in treating and preventing mental illness in their children.
- Neuroimaging and psychological assessment may help clinicians to target preventive treatments to children who are at the highest risk of developing familial depression.
- Universal prevention programs delivered by teachers in schools can reduce the numbers of children who grow up to abuse alcohol and illicit drugs, and psychiatrists need to advocate strongly in their communities for the funding support and implementation of these programs.
- Interactive video games that teach cognitive behavioral techniques may provide a useful tool for early intervention in cases of mild to moderate depression in adolescents.
- Intensive psychosocial interventions reduce by more than one-third the number of youth who transition from the prodromal ultrahigh-risk state to first-episode psychosis.

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## INTRODUCTION

Patients who first seek treatment from a psychiatrist in adulthood frequently report that they manifested their first symptoms in childhood or adolescence. Many psychiatrists then wonder whether early intervention during their patient's childhood could have spared many years of suffering. However, many child psychiatrists treat disorders, such as childhood-onset schizophrenia and depression, that are typically more severe and more treatment resistant than adult-onset disorders. However, the allied fields of psychiatry, psychology, and social work, along with public health and prevention science, are making headway in the development and deployment of interventions that can prevent mental illness in some patients, and that offer the hope of reducing the incidence and prevalence of mental illness, and thereby of reducing the suffering and disability associated with psychiatric illness.

Childhood and adolescence are particularly propitious times in human development in which to intervene for the prevention of mental illness.<sup>1</sup> The architecture of the brains of children (the numbers and types of neurons; the circuits that they form; and the cognitive, behavioral, and emotional processes that those circuits support) are under dynamic construction, particularly in fetal life and infancy but also in later childhood and adolescence. Risk and protective factors exert their influences on the exceptionally dynamic formation of brain architecture during these sensitive periods in development, but they may not manifest their full effects until many years later. Therefore, early childhood and adolescence are opportune times to prevent mental illness not only in children but also in adults.

What is prevention? Gordon<sup>2</sup> defines preventive health interventions as "those which should be applied to persons not motivated by current suffering" and classifies preventive interventions as universal, selective, or indicated. Universal prevention interventions, such as counseling on good sleep hygiene, target everyone within a population. They are generally inexpensive to deliver, and even though effects may be weak at the level of each individual in the population, when amplified across the population their benefits can dramatically outweigh their costs in reducing population-based rates of illness. Selective interventions, such as educational programs designed to reduce child abuse in teen mothers, target populations of people at increased risk for adverse outcomes. Indicated preventions target specific persons who have conditions (usually early signs or symptoms) that warrant interventions designed to prevent or attenuate the development of further problems. Programs for youth at ultrahigh risk (UHR) of developing psychosis are in this category.

Prevention research has traditionally focused on reducing exposure to risk factors, such as poverty and child abuse. However, recent work has focused equally on health promotion: interventions that increase exposure to protective factors, such as good schools and healthy peer relationships. Prevention and health promotion both focus on changing common and important environmental influences on the development of children that will aid them in meeting maturational tasks and challenges and remaining free of cognitive, emotional, and behavioral problems.<sup>1,3,4</sup> Just as an individual patient's treatment plan highlights limitations and impairments to be remediated and assets and strengths on which to build, most effective prevention programs focus not only on reducing exposure to risk factors but also on enhancing exposure to protective factors. Health promotion approaches are especially important when risk factors (such as genetic risks) are not readily modifiable.

A comprehensive description of the available preventive interventions for children and adolescents is beyond the scope of this article. The interventions described in this article are instead selected as examples of the breadth and effectiveness of

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