

Editorial

Epidemiological research has shown that the majority of children who need professional mental health care do not receive it. Factors other than the level of the child's problem behaviour are involved in the help-seeking process, and are co-determinants of whether or not the child receives help. Longitudinal general population studies have shown that child psychopathology can persist and may lead to later serious adjustment problems, even in adult life. Consequently, it seems important that child psychologists and child psychiatrists should not wait passively until the patient steps into the office, but should actively trace high-risk children and apply the most effective intervention programmes. But how can children most in need of professional interventions be selected accurately? The central question addressed in the Annotation by Bennett et al. in this issue concerns externalising problems. The authors give an account of the most relevant epidemiological measures needed for the assessment of the predictive accuracy of externalising behaviours. They reviewed studies and tested the accuracy with which measures of externalising behaviours in children from the general population predict later antisocial behaviours. Selecting only those studies that pertained to kindergarten and grade one children, they came to the sobering conclusion that the predictive accuracy of externalising symptoms at that age has been overestimated and is, at best, modest. However, as they point out, targeted intervention programmes, in which high-risk children are selected, may still offer some advantages, because even with far from accurate predictive measures the number of children who receive unnecessary interventions can still be substantially reduced. The authors rightly note the risk of labelling due to false positive errors. They also claim that, when the same method is used to detect the presence of externalising behaviours in both females and males, a higher rate of false positive errors in females will occur, with a consequently greater risk for labelling for females. However, they seem to have overlooked that it is possible to select different morbidity or high-risk criteria for each sex separately; by using norm-based measures of problem behaviour, we can use the distributions of problem behaviours in the norm population for each sex separately to determine which cut-off separates high- from low-risk boys and girls. Even if we have improved our means to select accurately those children that run a high risk for later problems, we still have to determine which preventive intervention strategies work best, and who is going to treat all the high-risk children thus selected.

In contrast to highly prevalent externalising behaviours, this issue includes a review of the treatment of a form of psychopathology in children and adolescents with one of the lowest prevalences: schizophrenia. In their Practitioner Review, Clark and Lewis give very helpful guidelines for the treatment of schizophrenia in

children and adolescents, and also discuss the use of the newer "atypical" antipsychotic agents. Although these seem as effective as the traditional drug treatments, and may have the advantage of fewer uncomfortable side effects, there is a lack of studies which test the efficacy of the newer drugs in children and adolescents. Given the rarity of schizophrenia in children or adolescents, it is not surprising that controlled drug trials are missing. Perhaps international collaborative efforts should be undertaken to obtain large enough samples on which the newer antipsychotic agents currently used in adult psychiatry can be tested against traditional antipsychotic drugs. It is then hoped that the use of untested treatments of children and adolescents will be discontinued. The increasing availability of standardised diagnostic measures and criteria must facilitate the conduct of a study with patients across many different settings.

Child psychologists and psychiatrists may be confronted with questions about the possible developmental risks that children run when being raised in one-parent families. For instance, in some countries policy makers may question whether single parents should be allowed to adopt children, or whether a single mother should be allowed to receive donor insemination. It is therefore fortunate that there is an increasing number of good studies that address the issue of the developmental risks for children growing up in families that do not have two biological parents. This is a timely issue as there are so many children growing up in single- and step-parent families. Dunn et al. present very informative data from a community study of 4-year-olds and their older siblings growing up in different family settings. They showed that while there were, on average, higher rates of problems and lower prosocial scores for children growing up in step- and single-parent families than for those in non-stepfamilies, the contribution of family type to these differences largely disappeared when account was taken of negativity in parent-child and sibling relationships, maternal depressive symptomatology, and other family background factors, including the social and financial adversities faced by these families. Single parenthood remained a risk factor for the 4-year-olds. The general message is that it is social stresses, financial problems, depressive symptoms, and difficult mother-child relationships that chiefly account for the risks to children's well-being.

The paper by Fergusson and Horwood comes from the rich Christchurch-New Zealand cohort study. The authors examined the risks that children with conduct problems at age 8 years run of leaving school without qualifications and of unemployment by the time they are 18 years old. Many social, family, and individual factors that were responsible for the conduct problems at age 8 years may still exert their influence at a later age, making it difficult to assess the extent to which conduct problems

and later adversities are linked. However, even after controlling for a number of confounding factors, there remained a small but detectable tendency for conduct problems at a younger age to be associated with increasing risks of leaving school without qualifications and subsequent unemployment after leaving school. It is, of course, important to know how the links between early conduct problems and later maladjustment come about. The results of this study showed that this may be due to adolescents' behavioural patterns, particularly peer affiliations, cannabis use, suspension from school, and truancy.

A number of behavioural genetic studies that assess the aetiology of child psychopathology have examined the relative contribution of genetic, shared environmental, and nonshared environmental factors to the level of problem behaviours. However, a quite new field is to use genetically sensitive samples, such as twins, to assess the genetic and environmental contribution between risk factors, such as life events, and psychopathology. Previous work suggests that life events and depression may share common family risk factors. In their research note, Thapar and colleagues present results of a twin study that

assessed the extent to which genetic and environmental factors mediate the association between life events and depression. Bivariate genetic model fitting showed that the association of some types of life events and depressive symptoms is explained by a common genetic influence, but for other sorts of life events—namely independent life events—the covariation with depressive symptoms was explained by a common family environment influence rather than by shared genes. This now needs to be explored further in longitudinal studies that include measurement of possible mediating factors such as personality traits.

Other papers in this issue pertain to neuropsychiatric patient populations—patients with Tourette syndrome, Down syndrome, children with autism, and children with seizure disorders. Of practical relevance is the study by Laws, who argues that it could be important to target memory as well as language in interventions with children with Down syndrome and who also stresses the importance of providing good literacy instruction to such children.

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