

## Editorial

This issue starts with an overview of what we know from MRI neuroimaging of children and adolescents with psychiatric disorders. As is often the case in child psychopathology, accomplishments in adult psychiatry serve as the model for the study of childhood conditions. Thus Eliez and Reiss, in their clear overview of neuroimaging studies, emphasise the results pertaining to child/adolescent onset schizophrenia, with its main conclusion that childhood-onset schizophrenia is not distinct from adult-onset schizophrenia from the standpoint of neuroanatomical variation. The use of the new imaging techniques in the search for neurobiological substrates of the more common psychiatric disorders in children and adolescents is still in its infancy. This can be concluded from the fact that only a few studies are available on children with ADHD, autism, or Tourette's disorder, with no neuroimaging studies yet available on childhood conditions such as depression, conduct disorder, anxiety disorders, or pervasive developmental disorders other than autism. A rather crude finding that stands out is the relationship between total brain volume and intelligence. The authors point out that studies that did not take IQ into account erroneously interpreted differences between groups of children to be specific for a certain condition, whereas in fact the differences could have been explained by differences between the groups in IQ. Reading this annotation, one is struck by the many contradictory findings of the neuroimaging studies that are reviewed. These discrepancies may be due to variations in neuroimaging methodology and variations in the definition and measurement of neuroanatomical regions. Also, the large etiological heterogeneity, as well as the lack of precision with which we can define and measure behavioural phenotypes, will influence the variability in findings. The authors give an example of how one MRI study looked at children with ADHD without comorbid conditions whereas another study looked at children with ADHD of whom the majority had a comorbid diagnosis of conduct disorder or oppositional defiant disorder. It is not surprising, then, that neuroimaging studies on children with very different behavioural phenotypes, despite claiming that they studied the same phenomenon, end up with contradictory results. Instead of treating childhood conditions such as ADHD as diagnostic categories that are either present or absent, it may be advantageous for MRI studies to retain more diagnostic information by studying the covariation between brain morphology and behavioural phenotypes as continuous measures. Now that some experience with neuroimaging of child/adolescent psychiatric disorders is available, it is hoped that studies using larger sample sizes, advanced techniques such as functional MRI, longitudinal designs, and more precise diagnostic assessment techniques, will shed light on the still somewhat inconsistent findings on brain morphology of psychiatric conditions in children and adolescents.

The Emanuel Miller lecture is about a topic which, unfortunately, is of increasing concern to mental health professionals, since more and more children today are

displaced internally or seek asylum internationally as a result of local wars. UNICEF recently estimated that over 80% of the victims of today's warfare are women and children. All over the world, displaced and traumatised children seek refuge. It is now recognised that safety and security are not sufficient to guarantee good mental health in such children. Many are indeed resilient but substantial minorities require various levels of specialist services. In the U.K., the new government policy of dispersing refugee families away from London and the South-East—where traditionally over 90% of refugees have settled—poses real challenges to child and adolescent mental health services. Working with families whose legal status remains uncertain can be problematic. Children who present with various stress and bereavement reactions require group, family, and individual work tailored to their needs. Yule examines many of the key issues in improving such services.

If one asks why there are so many psychiatric patients in Amsterdam, the answer might be: "Because there are so many psychiatrists in Amsterdam". That the accessibility of mental health services may indeed be related to the probability of referral to such services is stressed by Blanz and Schmidt who, in their practitioner review on preconditions and outcome of inpatient treatment in child and adolescent psychiatry, cite a study showing that children and adolescents assessed at a regional centre associated with an inpatient service had a 6.6 times greater probability of being referred to this inpatient service than those assessed at a centre that was more distant from an inpatient service. It is somewhat sobering to read that so little is known about crucial issues pertaining to inpatient treatment, including: factors influencing the likelihood that someone is admitted to the hospital, the content and the effectiveness of the inpatient treatment, the optimal duration of the stay in the hospital, the inpatient arrangements that optimise the outcome, and the optimal aftercare. Most studies that evaluated the outcome of psychiatric hospitalisation of children and adolescents show a positive effect. However, there are many methodological problems with these studies. Unless we want political and economical arguments to prevail over empirical evidence with respect to the number and the content of psychiatric inpatient facilities needed for a certain population, it is hoped that efforts will be combined to construct methodologically sound studies that answer many of the above-mentioned issues.

There is more about treatment in this issue. Spence et al. describe the treatment of social phobia in children and younger adolescents. They evaluated an intensive social skills training combined with graded exposure and cognitive challenging. This cognitive-behaviour therapy (CBT) approach was either child-focused alone, or child-focused in combination with parent involvement. The results suggest that this approach offers promise in the treatment of childhood social phobia. At post-treatment, significantly fewer children who had received treatment retained a clinical diagnosis of social phobia compared to the waiting list control (WLC) condition. In com-

parison to the WLC, children in both CBT interventions showed greater reductions in anxiety. This positive result was retained over a 12-month period. The addition of parent training sessions produced a non-significant greater reduction in social phobia.

Eisler et al. report the results of one of the relatively few randomised treatment trials for anorexia nervosa. Two forms of family therapy ("conjoint" and "separated" family therapy) were shown to produce significant improvements in the adolescents' nutrition and psychological functioning, with only few patients requiring admission to the hospital. The differences between the treatments were small although there was an indication that seeing the whole family together produced greater individual psychological change. There were also significant changes in family functioning, with reductions of criticism and an increase in warmth between parents. The study shows that family therapy, conducted in a non-blaming, collaborative way, is an effective treatment for adolescent anorexia nervosa.

Maternal depression is a risk factor for later childhood problems. The question arises how the link between early maternal depression and later childhood problems is mediated. Depression may prevent the mother from interacting in an optimally sensitive and psychologically available manner with the baby, thus disrupting the development of secure attachment between mother and child, which in turn sets the scene for later problems in the child. Martins and Gaffan conducted a meta-analysis of seven studies comparing the attachment of infants of depressed versus nondepressed mothers. They found that infants of postnatally depressed mothers are less likely than children of nondepressed mothers to become securely attached, and more likely to show disorganised and possibly avoidant attachment. Disorganised attachment is recognised as a predictor of psychopathology later in the child's life. From the point of view of prevention it is important that professionals detect maternal depression in the postnatal months. This is especially beneficial since postnatal depression, if detected early enough, can be treated successfully.

Maternal depression was also the key variable in the study by Galler et al. who, in their longitudinal study of mothers and infants in Barbados, investigated the consequences of maternal depression for breast-feeding and later functioning of the child. Barbados is known for its low prevalence of breast-feeding. The authors found that maternal post-partum depression led to reduced breast-feeding, as well as deficits in social, cognitive, and physical development in the children.

Two studies in this issue concern children with disorders within the autistic spectrum: the first is the study by Willemsen-Swinkels et al. about attachment in children with a pervasive developmental disorder, and the second, by Rinehart et al., is a neuropsychological study investigating interference effects in individuals with autism or Asperger's disorder.

In contrast to the many studies on the outcome of conduct problems in boys, few investigators have studied the outcome of conduct problems in girls. Fergusson and Woodward studied the outcomes at age 18 years of girls with conduct problems at age 13. In addition to the risks girls with conduct problems share with boys, of subsequent educational underachievement, mental health problems, criminal behaviour, and substance abuse/dependence, girls with adolescent conduct problems are particularly vulnerable to early-onset sexual activity, teenage pregnancy, and other problematic sexual outcomes. Whereas the antisocial outcomes of male conduct problems receive much attention due to their negative impact on the environment, the sexual problems in girls, and particularly teenage pregnancy, will have a more substantial impact on the life course outcomes of young women themselves and their offspring.

Lastly, this issue contains a study on factors that are associated with functional impairment measured with the CGAS, and a study on sleep/wake problems in children with ADHD. Paradoxically, children with ADHD did not differ from control children in their night-time sleep, but they showed increased levels of day-time sleepiness.

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