

- 115 The Health Care Crisis of
Childhood-Onset Bipolar Illness:
Some Recommendations for Its
Amelioration
- 126 Children of Currently
Depressed Mothers:
A STAR*D Ancillary Study
- 137 Modafinil Film-Coated Tablets in
Children and Adolescents With
Attention-Deficit/Hyperactivity
Disorder: Results of a
Randomized, Double-Blind,
Placebo-Controlled, Fixed-Dose
Study Followed by Abrupt
Discontinuation

The Past, Future, and Present of Childhood and Adolescent Mental Health

In this first issue of “Focus on Childhood and Adolescent Mental Health,” we focus on 3 studies that exemplify different strategies for advancing and informing the field of childhood and adolescent mental health. One method for validating that a mental health disorder begins during youth is to examine adults with that disorder and retrospectively assess age at onset and associate risk factors for illness development. In the first article, Post and Kowatch use retrospective assessments of adults with bipolar disorder to determine that the onset of bipolar disorder most commonly occurs during childhood and adolescence. Additionally, they report that when bipolar disorder begins in childhood and adolescence it is often associated with a more severe illness course. On the basis of these findings, they propose several strategies for advancing research in the field of childhood and adolescent bipolar disorder that include systematic investigations of children and adolescents with and at risk for developing bipolar disorder. The authors also suggest strategies for moving the field toward the goal of identifying susceptibility biomarkers and establishing and implementing targeted early intervention.

In the second article of this section, Pilowsky and colleagues demonstrate that it is feasible to implement some of the recommended research directions suggested by Post and Kowatch in the first article. Pilowsky and colleagues conducted a study examining rates of psychopathology in a large number of children and adolescent offspring of mothers with depression and identified that these youth have an elevated risk for developing significant psychopathology, including disruptive behavior and anxiety disorders, and determined that these youth are particularly at risk for developing mood and anxiety disorders, especially if their mother has comorbid depressive and anxiety disorders. Hopefully, these findings will guide clinicians to closely examine children of mothers with depression for these disorders and lead to earlier recognition and treatment for these youth.

Unfortunately, children and adolescents who are currently suffering from a mental illness will not benefit from the results of the future studies proposed by Post and Kowatch. There are presently few controlled intervention studies to guide clinical treatment of child and adolescent mental illnesses. In an elegant placebo-controlled study that establishes the efficacy, tolerability, and safety of modafinil for the treatment of children and adolescents with attention-deficit/hyperactivity disorder (ADHD), Swanson and colleagues add a new treatment to our armamentarium against ADHD, which will have an immediate impact on the clinical care of children and adolescents with this disorder.

These 3 articles highlight different strategies for improving the clinical care of children and adolescents with mental health disorders and will, hopefully, stimulate and generate hypotheses for future studies. If you have any suggestions or comments regarding “Focus on Childhood and Adolescent Mental Health,” please feel free to contact me at delbelmp@email.uc.edu.

Melissa P. DelBello, M.D.

Section Editor, Childhood and Adolescent Mental Health