EDITORIAL

From Tertiary to Primary Prevention

Articles in this issue of Adolescent Psychiatry illustrate the wide gaps between what we know (or are finding out) and what we do. Three are focused on inpatient treatment – the highest level of care – is the subject of three articles, one on how Covid-19 has altered inpatient treatment, one on psychotic patients in Greece, and one on patients with substance use disorders in Canada. The other three articles all point the way to possible primary interventions, ranging from modifying parenting styles and expectations (a tall order) to engaging adolescents in yoga and meditation (something already being done in some schools).

1. CLINICAL CHALLENGES OF COVID-19 FOR ADOLESCENT PSYCHIATRY

Covid-19 has presented numerous challenges for mental health clinicians. Perhaps nowhere more daunting are the challenges of running a psychiatric inpatient service for adolescents. Enforced isolation and curtailment of family visiting have interfered with treatment, and staff have been forced to implement various workarounds to deliver care. In a commentary, Laura Bond and colleagues present their experiences running an inpatient and outpatient program in Ireland, including the extraordinary strains on staff.

2. THE SALUTARY EFFECTS OF YOGA AND MEDITATION

Wellness -- the idea that a primary source of physical health is one’s mental and spiritual state of being -- has ancient roots in India, with the tradition of Ayurveda, which dates back to 3000 BC (Global Wellness Institute, n.d.). Yoga and meditation are crucial parts of this tradition. We are now seeing substantial evidence supporting the efficacy of these practices. Divya Kanchibhotla, Saumya Subramanian and Shashank Kulkarni present the results of their study of over 300 teenagers enrolled in a four day meditation retreat in India. Using validated assessment tools, they were able to demonstrate significant improvement in attention and well-being, and reduction in emotional problems and hyperactivity. Importantly, the improvement seemed to be sustained 40 days after the intervention. While this was a non-clinical sample, and open study, the results hold promise for non-pharmacologic interventions, and suggest a role for these interventions in prevention.

3. PARENTS’ ROLES IN ADOLESCENTS’ BULLYING AND DEPRESSION

While psychopathology among bullies and victims of bullying has been well studied, there has been less research on how family dynamics might relate to bullying. Anat Brunstein Klomek and Kineret Koren suspected that having authoritarian parents might be involved in becoming a bully. They studied a non-clinical sample of 116 adolescents in Israel using questionnaires that the adolescents completed, and found that adolescents who perceived their parents as authoritarian were more likely to bully others and have symptoms of depression compared to adolescents who perceived their parents as non-authoritarian. Authoritarian parents are strict, expect obedience, and assert power when their children misbehave. They score low in responsiveness and warmth. Ultimately these findings point to another potential preventive intervention – parent education.
4. EXPRESSED EMOTION AS AN EPIPHENOMENON

Expressed emotion – defined as criticism, hostility, or emotional overinvolvement, was originally noted in families of people with schizophrenia. It has since been studied in a variety of disorders, including those in children and adolescents, since the 1980s. There has been debate over whether this is an intrinsic quality among families that precedes the illness or is a response to the illness, or some combination of both. Stavroula Ropi and colleagues in Greece studied EE in families of adolescents hospitalized with various psychotic disorders, and found the expected correlation between the disorder and EE. In addition to looking at symptoms, however, they also looked at the impact on families’ of economic hardship – the study was done during the Greek economic crisis. Their findings support the idea that EE has to be seen in the context of social factors and is a state rather than strictly a trait phenomenon.

5. EXPLORING THE GENDER GAP IN ADOLESCENT DEPRESSION AND SUICIDE ATTEMPTS

Beginning in adolescence, females outnumber males with respect to suicide attempts and depression. This discrepancy has traditionally been attributed to biological and psychological changes of puberty, but conflicting societal expectations have also been implicated. Liat Haruvi Catalan and found that in adolescent girls in Israel, suicide attempts and depression were not intrinsically related to gender traits, but rather to the girls’ perceptions of the impression of significant others in their lives regarding the girls’ femininity, and gaps between the girls’ own sense of what they wanted and what they thought others expected of them. They hypothesize that the conflicting role demands in modern Western society are very stressful for adolescent girls. Intriguingly, a recently published study of neurophysiological correlates of emotional responses found that feminine traits were more important than sex in determining responses (Yuan et al., 2021).

6. A BLEAK PICTURE OF ADOLESCENTS WITH SUBSTANCE USE DISORDERS

Finally, Michele Preyde and colleagues in Canada present their study of adolescent with substance use disorders admitted to an inpatient service. They document the high levels of psychosocial adversity experienced by these patients, most of whom had family members with substance use disorders or other psychiatric illness, as well as histories of traumas such as sexual assault. They also document the lack of adequate follow-up treatment, with many patients placed on waitlists after discharge. Their experience is certainly true worldwide -- we have a long way to go before we can say we are providing anything like adequate treatment for these adolescents.

Reading over these contributions makes me think about how much easier and more efficacious it would be in the long run to implement preventive approaches to keep adolescents out of the woods to begin with than to provide comprehensive care to adolescents who are already in trouble.

REFERENCES

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