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Editorial: Prevention is the best cure

There is a pressing, recurrent concern about the secular rise of psychopathology across generations. Oldehinkel (2021), in a previous editorial for *Journal of Child Psychology and Psychiatry* on ‘establishing empirical truths’, related this phenomenon to the existence of widespread negativity and single perspective biases among researchers. We tend to focus much more on messages that portray (increasing) risk and vulnerability than on messages that signal that most are doing well and develop healthily. In this issue, the paper by Russell et al. (2022) relates to this phenomenon, providing an especially thoughtful and relevant discussion of their findings on autism diagnosis time trends. Yes, there is a remarkable exponential increase in autism diagnoses over the past 20 years, but this increase cannot instantly be ascribed to an increasing prevalence. Could it be that perhaps our present-day societies are increasingly characterized by ‘pathologizing’ the out-of-the-ordinary; the thoughts, behaviors, and emotions we consider deviant?

Over the past decades, and in parallel with this trend toward framing deviance as pathological, there has been a gradual but clear shift in both scientific attention and practice toward a new prevention paradigm. This shift is characterized by a more evenly divided attention between the traditionally dominant focus on clinical disorders and (residential) treatments on the one hand and a new burgeoning focus on prevention, risk screening, and development of strength-building programs in ambulant settings – especially in young populations – on the other hand. Related to this gradual shift in attention toward prevention, in this issue of *Journal of Child Psychology and Psychiatry* many interesting research findings converge to suggest that prevention and early intervention strategies (see also Fisher, 2021) may be the key to building healthier societies and happier people. But what are essential ingredients for building an effective prevention paradigm? And how can child psychologists and psychiatrists help to identify such ingredients?

Part of the answer goes back to our single perspective and negativity biases, mentioned earlier, because these biases oftentimes steer our research efforts in the direction of possible risk factors, vulnerabilities, and maladaptation. The single perspective and negativity biases seem to kick in especially hard when we are confronted with major societal disruptions, such as occurred during the COVID-19 pandemic. Although on the one hand such biases have a clearly adaptive function (Baumeister et al., 2001), on the other hand it is necessary – especially in times of change or crisis – to

identify resilience factors and strengths, as well as weaknesses. A case in point comes from the study by Kahn and Gradisar (2022) in this issue. Based on a longitudinal comparison of 2019 and 2020 infant auto-videosomnography metrics, they found that during the 2020 lockdown infants had longer nighttime sleep, later morning rise times, and later out-of-crib times compared with the equivalent 2019 period. An important silver lining indeed, given that longer sleep duration is linked with favorable outcomes such as better cognitive performance and emotion regulation. Thus, a crisis may even provide opportunities and evoke growth in some. It will help policy makers if child psychologists and psychiatrists are able to accurately identify these opportunities and growth factors.

Another part of the answer relates to the well-known adage of ‘healthy mind - healthy body’. If we want to establish how helpful preventative practices actually are, we need to take a holistic perspective – focusing not only on mental health as such, but rather on how mental health phenomena are interconnected with several psychophysiological, neurobiological, and (epi)genetic markers of development (Overbeek et al., 2020). With the realization that a mind–body connection is core to the human experience, it becomes increasingly important to examine, for example, how we should integrate brain and body data to build more effective screening efforts to identify youths at risk. Two excellent longitudinal studies in this issue, by Kirshenbaum et al. (2022) (focusing on how combinations of psychosocial and resting state fMRI data predict severity of suicidal ideation) and Reetzke et al. (2022) (examining whether motor overactivity is exclusive to children with ADHD concerns or rather shared precursor in infants with either ADHD or ASD concerns), show what intriguing new insights are currently being developed in this domain. Yet, another study in this issue, an innovative meta-analysis of genetic data of more than 9,000 individuals across three population cohorts (Neumann et al., 2022), relates to this topic. Specifically, this study shows how polygenic scores – derived from GWAS on psychiatric disorders, cognitive traits, and neuroticism – are non-specifically related to the

Although in general prevention paradigms receive more attention nowadays, there is criticism and doubt as well. This relates to what is known as the ‘prevention paradox’: a preventive measure which brings much benefit at the population level, may offer relatively little benefit at the individual level.

development of both general and specific psychopathology outcomes.

Although in general prevention paradigms receive more attention nowadays, there is criticism and doubt as well. Why should we put our money on prevention when many prevention trials – especially those implemented in broad, universal settings – do not reveal very large effects? This question relates to what is known as the ‘prevention paradox’: a preventive measure which brings much benefit at the population level, may offer relatively little benefit at the individual level (Hunt & Emslie, 2001). Two unique and strong intervention studies in this issue by Walker et al. (2022) and Jantzer et al. (2022) speak to the potential power of prevention, indicating that when gauging effects of prevention trials it is important to examine effects across longer time intervals and different subgroups. Jantzer et al., analyzing data of 4,873 pupils (grades 5–13) in schools implementing the Olweus Bullying Prevention Program, showed that – as expected – the reduction in bullying leads to better mental health and quality of life. Notably, adverse consequences of bullying onset were stronger than positive consequences of bullying termination, underlining the importance of a preventative effort in this domain. Walker et al., in a 31-year RCT follow-up of Jamaican children with stunted growth at age 9–24 month, found evidence for very long-term cognitive, psychosocial, and behavioral gains in children after receiving an early childhood nutritional supplement and/or psychosocial stimulation trial.

How can we harness this power of prevention? One crucial endeavor will be to identify the exact mechanisms through which adversities have an impact on later life. For example, we know that child maltreatment leads to psychopathology, but in order to build effective prevention strategies, it is crucial to identify how maltreatment triggers maladaptive psychological and interpersonal mechanisms. Only this kind of knowledge will help practitioners to make a difference in the lives of children and families they work with. It is interesting in this regard to consider the study by Neil et al. (2022) in this issue, on trust and childhood maltreatment. They provide compelling experimental evidence that children with documented maltreatment perceive others as less trustworthy and are less consistent in how trustworthy they perceive others to be. This identifies a key part of the etiological process linking maltreatment to later-life unsatisfactory and disrupted social bonds. Similarly interesting in this regard is the meta-analysis in this issue by Stedal et al. (2022) showing that children and adolescents with Anorexia Nervosa manifested a (small) neuropsychological underperformance on specific domains of memory, working memory, and visuospatial ability. As the results showed that effects were more pronounced

for older youths, this also raises new questions regarding the etiological process toward Anorexia Nervosa: is compromised neuropsychological functioning cause or consequence of this mental illness?

I support the important call put forward in the intriguing perspective piece in this issue authored by Linden and LeMoult (2022). Adverse childhood events are related to higher risks of developing mental illnesses, as they show. Although the relevance of this fact is self-evident for many child psychologists and psychiatrists, the message that ‘we must act now and intervene early’ has not always been adopted by policy makers. In the coming years, therefore, it will be crucial to nurture communication platforms on which child psychologists and psychiatrists and policy makers can meet, exchange, and inform each other about issues of prevention and resilience. This will increase the likelihood that the three action points put forward by Linde and LeMoult – (a) initiate preventive efforts now rather than waiting for even more evidence, (b) focus on supporting both parents and children, especially during early life stages, and (c) push for multi-pronged, simultaneous prevention and treatment – will be put in practice across the globe. To further increase the large-scale uptake of evidence-based prevention programs, child psychologists and psychiatrists can (and probably should) present convincing cost-effectiveness estimates: what is the value for – taxpayers – money when adopting a prevention paradigm? The paper by Rissanen et al. (2022) in this issue addresses part of the cost-effectiveness question. Based on an analysis of data from the Finnish 1981 nationwide birth cohort study, Rissanen et al. show that childhood conduct problems are related to higher societal costs, associated with increased health care use, police contacts, and (prescribed) drug use. This maps on to the results of several other studies (e.g., Caspi et al., 2016; Von Stumm et al., 2011) that also showed that early adversity and child conduct problems may lead to enormous societal costs.

In conclusion, a growing body of research findings suggests that prevention, risk screening, and early intervention strategies that capitalize on resilience and strengths in individuals and their developmental contexts may be the key to building healthier societies with happier people. Hopefully in the near future, nurturing a closer alignment and collaboration between scientists, practitioners, and policy makers will help us to build a more effective and larger-scale prevention paradigm. Prevention may indeed be the best cure.

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