

## Child and adolescent mental and physical health: two sides of the same coin

Child health has been marked by three chapters thus far in human society, and this is true in most countries. The first began in the nineteenth and early twentieth century, with the recognition that children were different and not just small versions of adults, with particular health needs, and was marked by the introduction of specialists, children's hospitals and texts in most high-income countries of the time (Ligon-Borden, 2003). From this platform, a second chapter began after the Second World War, spurred on from the destruction and inequalities which had emerged following two world wars, with formal and organised recognition of human rights. This second chapter was marked by the importance of preventative medicine – vaccination, education, welfare, maternal health, in particular in the under 5s. And did not they do well? Recent data have shown that death rates have dropped dramatically in the last 50 years (Viner *et al.*, 2011).

We now stand firmly in a third chapter. A modern era of child health where the epidemiology, demands and health burdens lie within those with long-standing illnesses which children 50 years ago would not have survived from. These new health problems carry a high burden for mental health for children and young people. We now live in era where you are more likely to die at 17 years than five years; where a child, in high-income countries, is more likely to develop an eating disorder than meningitis (Hudson *et al.*, 2012). Yet at so many levels, young people, families, health care systems and policy makers seem so unprepared and unready to identify, cope and manage mental health disorders. Mental health is treated and funded differently to physical health, and stigma is still great. It is to the challenges and needs that this new third chapter in child health present, in particular around mental health, that this special edition turns.

The Right Honourable MP Norman Lamb gets this edition started with a personal viewpoint on the many challenges facing politicians and policymakers around child and mental health (Lamb, 2017). The statistics he cites are staggering, for example that the majority of children with mental health conditions do not access help or treatment at all. Lamb goes on to explain why parity of esteem and care for mental health conditions with physical conditions is vital, and highlights how this can be tackled at government and policy maker level.

In the next paper, Delamater (ref) reviews the literature on mental health in chronic illnesses – also frequently referred to long-standing illnesses. As outlined above, such conditions are a key example of the success in child health. Many more children now survive from those conditions, for example diabetes mellitus, that would have once killed them or shortened their lives significantly. Up to a half of children and young people in high-income countries live with these conditions, and as Delamater explains, whilst the success in survival is something to be pleased about, such conditions are associated with significant mental health co-morbidities. In a wide review of the literature, Delamater describes a wide range of mental health conditions found in chronic conditions in children but also explores the evidence for how they can be successfully managed and treated. All too often however, children, their carers and even the professionals responsible for them, seem unprepared for the emotional and behavioural difficulties which accompany a long-standing condition. Delamater offers us some solutions, and some hope for change and improvement.

In a considerable review of the literature, Oscós-Sánchez reviews the literature to examine the hypothesis that youth violence is associated with mental health (ref). Consideration of

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the bi-directional flow of this connection, as well as the variable definitions of violence, is included in this review. Oscós-Sánchez is to be congratulated for a systematic and therefore broad review of literature, but also for including a number of study types, from a wide range of countries and contexts, to tease out the relationship, which he presents with clarity. He leaves us with a personal perspective, and some ways forward to trying to intervene in this complex and challenging relationship.

The next three papers deal with the mental health difficulties experienced by particularly vulnerable children and young people in specific locations, as refugees (Ellis *et al.* (ref)), the homeless (Harpin *et al.* (ref)) and incarcerated in justice settings (Kasinathan *et al.* (ref)). Ellis *et al.* describe in detail how they and colleagues were involved in supporting children and young people in the so-called Calais jungle, and illustrate their experiences with two poignant case studies. What is also striking about the population group that Ellis and colleagues describe is the emerging and flux in degree of mental health issues for this group – highlighting how important ongoing care and understanding is going to be for them and the population groups they join. In their piece on runaway and homeless youths, Harpin *et al.* provide a very detailed exploration of the social determinants of outcomes, especially mental health outcomes, in this group of young people, and from a legal and human rights-based platform make a compelling argument as to why and how their wellbeing, can and should be improved. Inspiring reading indeed. Finally in this triad of papers, Kasinathan *et al.* describe the important mental and physical health (and how these are intertwined) issues for young people in custody, drawing on their wealth of experience in Australia. Kasinathan and colleagues explain the importance of screening for mental health conditions in this group, as a huge opportunity for intervention and support – but just as for Ellis *et al.*'s paper – they highlight the importance of understanding the journey that these young people are on, and how important follow-up and transition into the community is. As editors, we were reminded in all of these three pieces of just how vulnerable the children and young people identified in these settings are. As we know, all too often the financial support and will to effect change can be lacking. But these papers highlight the theme of this special edition – rising to the challenge of mental health in the children and young people in our current age alongside the more commonly considered physical aspects of their care.

The last paper in this special edition, and by no means least in this edition, by Tellier (ref), explores the mental health conditions associated with the impact of sexual orientation and gender identity for young people. Using legal precedent and evidence from the literature, Tellier makes a compelling case for the stress associated with societal treatment of sexual orientation and gender and as a cause for mental health difficulties, and examines mechanisms for this. We were shocked to be reminded that same sex sexual activity is illegal in some 73 countries and punishable by death in 13 countries. Tellier completes his paper with key recommendations which are important reading for us all.

As we struggle with the many challenges of the modern world – environment, economy, geo-politics- we should reflect that such challenges are not new. Indeed the challenges confronted by the post war generation were equally complex, with choices for priorities to be made and the results show that their efforts were met with remarkable outcomes. Shall we, we the carriers of the torch of child health take up the mantle and tackle the new challenges? Shall we invest, understand, research and recognise the shift in epidemiology as the generation before us did? Will the next generation look upon us as favourably as we do the last generation in how we harnessed science, research, policy and practice? We have a legacy at stake. What will that be?

Children and young people are, and always will be, the future. They are the innovators, the teachers, the leaders, and if you prefer, the tax-payers of the future. Hopefully on their journey, they will also have fun, free to learn, play, with secure, cared for lives within a society that considers their problems and responds to them. We neglect them and their wellbeing to our peril. We hope that the excellent perspectives in this special edition will provide some evidence, inspiration and directions for us as we grapple with our future and so many children and young people struggle with their mental health.

## References

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