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From the Editor's desk

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Life-course psychiatry: promoting healthy parenting, childhoods, treatment, and living space

Healthy spaces *in utero* and early childhood offer critical opportunities to prevent mental illnesses into old age. Traumatic events in childhood are known to be strongly associated with adult psychiatric disorders; where parental mental illness leads to absent or harsh parenting, there are added concerns about children's mental health.[1,2] Trauma in childhood also adds to healthcare costs and impacts on mental health into old age.[3,4] Childhood maltreatment appears to mediate the association between maternal depression and childhood mental illness.[4] Plant *et al* (pp. 144–150) show that maternal traumatic childhoods may be the antecedent of offspring disorders, mediated by maternal perinatal depression alongside child maltreatment. Sexual abuse and physical abuse have distinct consequences; sexual abuse is associated with affective psychosis later in adulthood as well as cannabis and heroin use, whereas physical abuse is associated with later heroin and cocaine use (Tomassi *et al*, pp. 151–156). There is also much concern about how mental illnesses and subthreshold states of emotional distress can affect schooling and educational achievement. Reassuringly, Brière *et al* (pp. 163–168) show that childhood internalising symptoms are not associated with school completion.

Traumatic childhoods are known be linked with greater risks of adult psychoses, which bring with them all the risks of premature mortality (see Siddiqi *et al*, pp. 130–131), comorbid substance misuse[5,6] and adverse effects from long-term use of antipsychotic medication.[7,8] Hayes *et al* (pp. 175–181) show that premature mortality remains a substantial and worrisome problem for people with severe mental illness; among people carrying a diagnosis of non-affective psychosis the mortality difference with the general population between 2004 and 2010 actually increased, whereas the mortality difference for people with bipolar disorders did not change. Stokes *et al* (pp. 132–134) demonstrate that substance misuse is not uncommon among people carrying diagnoses of bipolar disorder, and more research and clinical services are needed to tackle this complexity. Antipsychotic medication is effective in the treatment of psychoses but concerns have been expressed about long-term use and adverse effects (see the editorial by Leucht & Davis, pp. 127–129).[7–9] Takeuchi *et al*'s meta-analysis (pp. 137–143) of 11 studies shows convincingly that relapse is a significant risk among those stopping antipsychotic treatments while in remission. Lewis *et al*'s intriguing study (pp. 169–174) shows that sleep deprivation or disturbance may afford a higher risk of relapse in bipolar disorders and there are differences according to gender; hence, people working shifts or noting poor sleep quality should be concerned about prevention.

The adverse health consequences of pollution are the subject of international debate, in urban and rural areas, and in high-, middle- and low-income countries. Harmful pollutants come from car and diesel exhaust fumes, but also from power stations and fossil fuels. Lin *et al* (pp. 157–162) provide evidence that pollution raises the risk of depression, and that smokers are especially at risk. Pollution is already shown to relate to admission to psychiatric hospitals in China,[10] and to use of psychotropic medication in Sweden.[11] As presented already, parenting is a critical period of influence on unborn and newly born babies and children. In accord with the data on parenting and mental illnesses more generally, maternal stress also appears to add to the risk of antenatal exposure to pollutants on offspring mental health, although the mechanisms by which pollution lead to poor mental health are contested and not fully understood.[12] There is much concern about the role of pollution in causing heart and lung disease, cancer and premature mortality in the general population. Although premature mortality in people with severe mental illness is linked to cancer, heart and lung disease and all of these are linked to pollution, it seems that pollution does not affect premature mortality of those with severe mental illnesses through liability to physical illness.[13,14]

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