The COVID-19 pandemic heightened focus on a preexisting global mental health crisis among youths. However, longitudinal studies exploring the relationship between depressive symptoms in youths and long-term outcomes have rarely begun in infancy or early childhood. Psychogiou and colleagues examined the association between depressive symptoms across development and adult psychosocial outcomes using data from the Québec Longitudinal Study of Child Development, a prospective population-based Canadian birth cohort. They investigated the association of depressive symptoms in early childhood (ages 1.5 to 6 years), middle childhood (ages 7 to 12 years), and adolescence (ages 13 to 17 years) with mental health and psychosocial outcomes in young adulthood (ages 18 to 24 years) while controlling for multiple potential confounders. Unadjusted and adjusted associations were observed between adolescent depressive symptoms and increased young adult depressive symptoms, increased perceived stress, and decreased social support, as well as between middle-childhood depressive symptoms and decreased social support in young adulthood. By contrast, early-childhood depressive symptoms were not associated with any psychosocial adult outcomes. This negative result awaits confirmation because of its novelty; previous longitudinal research has not started at such a young age. To be sure, large-scale cohort studies have sought to characterize the persistence of depression symptoms and differential relationships between timing of symptom onset and psychosocial outcomes in adulthood. For example, Copeland et al used a large longitudinal cohort beginning in middle childhood (ie, children aged 9 years) and found adverse adult social outcomes for those with depressive symptom onset in middle childhood and adolescence. Of note, worse social outcomes were observed for those in whom depressive symptoms emerged in adolescence vs middle childhood.2 The present study, however, starts far earlier (in early childhood), which is important, given the estimated 18% prevalence rate of psychiatric disorders among 1- through 5-year-olds and high rates of comorbidity.

Emotional and cognitive development can be impacted by attachment, trauma, and adversity, which occur within an interplay of structural factors, including material (food, housing, and economic) insecurity. For example, policies resulting in separation from attachment figures related to deportation or immigrant detention can adversely impact children's development. Transcending overly individualistic service models, mental health promotive and preventive strategies for infants and young children may aim to foster a secure infant-caregiver attachment, although they may also seek to influence the sociopolitical conditions in which these relationships evolve. A focus on enhancing policies that improve the material conditions in infancy and early childhood is aligned with the oft-cited Heckman equation, which highlights the exponential increased benefits of investments in human capital earlier in life (eg, early childhood education). A return on investment of policy interventions has been found to be particularly robust earlier in development for families experiencing social disadvantage.

The inclusion of infants and young children also introduces methodological considerations for the detection of depression and other psychiatric symptomatology. In reviewing their study limitations, the authors note low reliability of early- and middle-childhood depressive symptom measures and their use of multiple, distinct informants (ie, parents and teachers reported early- and middle-childhood depressive signs, respectively). Particularly compared with other periods of childhood and adolescence, validated mental health scales for infants and young children are limited.
Furthermore, as noted in the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Version 2.0*, diagnosing depression in younger children relies on observable signs rather than self-report. Collateral information, therefore, is essential. Similarly important is knowledge about the observer’s identity and the context in which behaviors are observed. The use of distinct informants, such as a teacher vs a parent, introduces the potential for informant discrepancy. For example, a parent may observe vegetative signs of depression (e.g., decreased appetite, sleep disturbance, or impaired concentration), while a teacher in a classroom of 20 prekindergarten students may not appreciate these signs. Alternatively, 1 informant may observe some signs of early childhood depression rather than others (e.g., irritable rather than depressed mood or psychomotor agitation rather than sluggishness). While concordance between the 2 informants should reflect psychiatrically relevant data, informant discrepancies may also reflect situational, rather than psychiatric, variance. Due to such complexities, De Los Reyes and colleagues have delineated a theoretical paradigm, including study design and data analysis, that aims to integrate common variance between informants and context-specific (i.e., clinically relevant) informant discrepancies. Incorporating such a paradigm in future studies may optimize detection of psychiatrically relevant information via strategic integration of data from multiple informants. Furthermore, it would be useful to integrate data on mental health service utilization and comorbidities when available, given their potential relationships with psychiatric trajectories.

The 21st century has been marked by global phenomena with adverse consequences for child and adolescent mental health, including the COVID-19 pandemic, climate change, and forced displacement and migration. There has also been a substantial shift in public discourse and increased recognition of the ongoing youth mental health crisis globally. Efforts to deploy effective strategies to positively impact the trajectory of youth mental health must cooccur with studies characterizing emotional and cognitive development starting in infancy and early childhood. The work of Psychogiou and colleagues marks a notable effort to this end and highlights considerations for future mental health research. Studies should consider infancy and early childhood while tackling the challenges of integrating data from multiple informants.

**ARTICLE INFORMATION**

Published: August 8, 2024. doi:10.1001/jamanetworkopen.2024.25954

Open Access: This is an open access article distributed under the terms of the CC-BY License. © 2024 Vega Potler N.J. JAMA Network Open.

Corresponding Author: Natan J. Vega Potler, MD, Department of Child and Adolescent Psychiatry, NYU Grossman School of Medicine, One Park Ave, 7th Floor, New York, NY 10016 (natan.vegapotler@nyulangone.org).

Author Affiliation: Department of Child and Adolescent Psychiatry, New York University Grossman School of Medicine, New York.

Conflict of Interest Disclosures: Dr Vega Potler reported receiving grant support from the NYU-H+H Clinical and Translational Science Institute through the National Center for Advancing Translational Sciences, National Institutes of Health (NIH); the American Psychiatric Association Foundation’s SAMHSA Minority Fellowship Program; and the NYU Center for the Study of Asian American Health under a National Institute on Minority Health and Health Disparities/NIH award outside of the submitted work.

**REFERENCES**


