Editorial

The importance of studying psychopathology in subclinical populations

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Early intervention services have demonstrated the effectiveness of streamlining distressed young people into appropriate support and traditional mental health services, when needed (Becker &Kleinman, 2013). Initiation of early intervention seeks to reduce the negative consequences of delayed access to treatment and improve longer term outcomes (e.g., Ajnakina et al., 2020;Austin et al., 2021). There is also a secondary aim of preventing transition to serious mental health disorders such as psychosis (Insel, 2010). However, we are still falling short in our under-standing of which factors are reversible once someone presents for treatment, and turning back the clock on psychological distress is proving more difficult than first supposed. Understanding the psychological processes which evolve to lead young people to need to seek help is still a matter of heated debate and investigation. Certainly, we understand that the presentation of mental health symptoms in young people is the product of multiple factors, likely reflecting biological, trait, state, and environmental factors (Patton et al., 2018). A key element for increasing our understanding of what moves a young person from positive well-being to at-risk mental health is appreciating the factors which predict the emergence of symptoms in the first place. To achieve these ends, we need to continue to better understand the presentation of subclinical mental health symptoms, their correlates, and factors which exacerbate or ameliorate them.

The current two-part special issue reflects the continued work being dedicated to understanding subclinical symptoms covering mood, autistic-like, psychosis-like, and related cognitive processes for symptoms in undiagnosed participants. While early intervention seeks to increase and streamline access to services, we now understand that prevention efforts need to take place prior to help seeking at a population level. Targeting people with subclinical symptoms, with tailored programs geared towards young people, may be one way to prevent people from needing to access early intervention services. This means we need to better understand how less intrusive interventions might be used to manage subclinical symptoms prior to them requiring clinical attention. To these ends, we must continue work concerned with subclinical symptoms to under-stand their initial emergence, maintenance, and evolution into clinical phenomenon. By no means is this low-impact work for the people who experience these symptoms or broader society. For instance, the costs of subclinical depressive symptoms during adolescence have been estimated a t€42 million annually for Dutch society (Bodden et al., 2021). Furthermore, adolescent subclinical depressive symptoms are known to predict risk for adult depressive disorders; therefore, a preventive intervention targeting subclinical adolescent depressive symptoms would not only save financial costs but also improve long-term well-being outcomes for the youths concerned. Such an intervention called MoodBox is currently being run in China for university students (Chen et al., 2021). Positive outcomes have been reported from a workshop intervention delivered at a US university campus for students with subclinical depression and psychotic symptoms (Burke et al., 2020). There appears to be both acceptance and engagement with interventions on university campuses; therefore, university campuses may represent a non-clinical environment where low-cost, minimally intrusive interventions could be delivered to young people with subclinical symptoms.

Within the research area of subclinical symptoms, close attention needs to be paid to the scope (characteristics) and depth (frequency and distress) of the phenomena under consideration to ensure that conclusions reflect the nature of experiences being considered. By no means are clinical and subclinical symptoms considered interchangeable with one another. Where this has received greatest attention is the body of research seeking to identify differences between clinical and non-clinical auditory hallucinations, revealing that dis-tress (e.g., Beavan & Read, 2010) negative content(e.g. Corona-Hernandez et al., 2022), and the nature of the beliefs surrounding the hallucinations (e.g. Cottam et al., 2011) are key distinguishing factors between those needing care and those who do not (e.g., Baumeister et al., 2017).Subclinical and clinical symptoms are both exacerbated by similar factors such as stress or substance use (e.g., Fidalgo et al., 2016; Pignon et al., 2021). Consequently subclinical symptoms provide a useful model for understanding potential mechanisms which may be too well established in clinical symptoms to be readily detectable. For instance, the psychological

mechanisms involved in the initiation of symptoms maybe come obfuscated by maintenance processes once someone has an established disorder. Understanding the potential utility of the findings from subclinical research, however, is closely related to the way in which these factors are defined and ultimately measured. Keeping these constraints in mind, we hope that research on subclinical mental health symptoms continues since it has a valuable contribution to make to our understand-ing of risk, identification, and mechanisms underpinning symptoms. Please consider the articles concerned with subclinical symptoms in Part I and Part II of this special issue.

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