

Closing Editorial

Emily Cooper¹

¹Assistant Professor, Clerkship Director, Department of Neurosciences & Psychiatry, College of Medicine and Life Sciences

Email: emily.cooper@utoledo.edu

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This issue of Translation highlights novel interventions for psychiatric conditions, structural challenges in psychiatric treatment, and evolving trends in the pediatric population affecting treatment. These pieces are relevant – the recommendations for initiation of metformin with atypical antipsychotics come at a time when more children and adolescents are being prescribed atypical antipsychotics off-label than ever before. Identifying ways to mitigate treatment side effects and prevent long-term morbidity is of utmost importance, especially with the pediatric population, given the downstream effects of the early onset of obesity and metabolic syndrome. Pediatricians and child psychiatrists alike additionally face new issues in adolescent care, from targeting different formulations of nicotine dependence, to recognizing the impact of artificial intelligence on teens' self-worth and meaning-making, during the time of their identity development. Lyons and Edgington, as well as Nelson et al., place these issues in context for us. The burden of addressing these issues is magnified for pediatricians, as described by Roehrs et al., given the lack of training pediatricians receive during residency in pediatric psychiatry, and the rise of psychiatric needs in the pediatric population.

It is interesting that despite the rising psychiatric needs, the ACGME does not mandate child

psychiatry rotation during pediatrics residency. Perhaps this is something that we will see in the coming years. In the meantime, supporting pediatrics colleagues through collaborative care efforts and the like may help to mitigate some of these structural challenges.

Systemic and structural challenges are present in many other aspects of providing psychiatric care. Roth et al. and Davuluri et al. showcase this in their pieces on the challenges of medication access for people experiencing homelessness and the impact of wait times on psychiatric outcomes. Among medical specialties, psychiatry continues to have some of the longest wait times for outpatient referrals, due to the shortage of psychiatrists relative to the demand.

It is now well-established that prolonged untreated bipolar disorder, schizophrenia, or repeated episodes of alcohol and/or sedative-hypnotic withdrawal are harmful to the brain and reduce the success of treatment.

Psychiatric research continues to shed light on new ways of understanding the brain. The role of the gut-brain axis in depression, anxiety, and Parkinson's, the mechanisms through which both the peripartum period and preeclampsia increase risk of psychosis— these advances continue to shape our understanding of the brain as an organ

not only responsible for dictating the body's actions, but also sensitive to the fluctuating stressors throughout the other organ systems. Coming into the new year, may this issue be a reminder to you to be intentional in your approach to patients, deliberately seek out new literature, and consider the whole person living with the condition. From the person experiencing homelessness, to the peripartum woman with psychosis, to the teen being treated with atypical antipsychotics, to the older adult with Parkinson's, be steadfast in your commitment to providing evidence-based care.

Thank you for reading, and peace and joy to you and yours.

Sincerely,
Emily Cooper, MD