require precision intervention that is subtype-dependent and personalised. We declare no competing interests.

Tessa F Blanken, *Eus J W van Someren e.van.someren@nin.knaw.nl

Department of Sleep and Cognition, Netherlands Institute for Neuroscience, Amsterdam, Netherlands (TFB, EJWvS); and Department of Integrative Neurophysiology and Department of Psychiatry, Amsterdam Neuroscience, Vrije Universiteit, Amsterdam University Medical Centre, Amsterdam, Netherlands (TFB, EJWvS)

- Blanken TF, Benjamins JS, Borsboom D, et al. Insomnia disorder subtypes derived from life history and traits of affect and personality. Lancet Psychiatry 2019; 6: 151–63.
- 2 Siclari F, Larocque JJ, Postle BR, Tononi G. Assessing sleep consciousness within subjects using a serial awakening paradigm. *Front Psychol* 2013; **4**: 542.
- Jansen PR, Watanabe K, Stringer S, et al. Genome-wide analysis of insomnia in 1331010 individuals identifies novel loci and functional pathways. Nat Genet 2019: published online Feb 25. DOI:10.1038/ s41588-018-0333-3.
- 4 Johann AF, Hertenstein E, Kyle SD, et al. Insomnia with objective short sleep duration is associated with longer duration of insomnia in the Freiburg Insomnia Cohort compared to insomnia with normal sleep duration, but not with hypertension. *PLoS One* 2017; 12: e0180339.
- 5 Crönlein T, Wetter TC, Rupprecht R, Spiegelhalder K. Cognitive behavioral treatment for insomnia is equally effective in insomnia patients with objective short and normal sleep duration. *Sleep Med* 2018; published online Nov 26. DOI:10.1016/j.sleep.2018.10.038.

A call for action on migrant children's mental health

Migrant children have experienced a host of atrocities resulting from the US Government's zero tolerance policy on undocumented immigrants, including family separation, fleeing tear gas at the US-Mexico border, and maltreatment and medical neglect in detention centres.¹ As a major contributor to mental and physical illness in adulthood,² childhood trauma is an important public health issue. Children are especially vulnerable to trauma, partly because of the plasticity of the developing brain, such that childhood experiences can shape the trajectories of neural and

physiological development for many years afterwards.³

The innocence of children, and the inherent need to protect them, is engrained in our culture, and the resources devoted to child wellbeing in the US are vast. The US Government spends billions of dollars on domestic child welfare services annually and provides international aid to millions of children facing adversity all over the world, many of whom are refugees seeking asylum in other countries.⁴ Yet, when children approach US borders seeking asylum with their parents, they have recently been viewed not as a vulnerable population that is deemed worthy of tax dollars, but as a threat to be controlled by military force.

The fact that the US Government is capable of such dissonance in its actions towards children is unconscionable. How can the same government dedicate substantial resources to both the protection of children and the perpetration of violence against them? The harmful psychological and physical conditions in detention centres, the separation of young children from their caregivers, the use of tear gas against minors, and the medical neglect of children who later died in US custody are acts that surely violate the UN Convention on the Rights of the Child, which states that participating countries are responsible for ensuring "to the maximum extent possible the survival and development of the child". To date, every member of the UN, except the USA, has ratified the convention.⁵

As a nation that views itself as a beacon of freedom and democracy for the world, what message does the US send by violating human rights standards that have been agreed to by the rest of the UN member states? It is time for the US to embrace a higher standard and to universally prioritise the safety and the healthy physical and psychological development of all children. We call on the US Government to hold itself accountable for such discordant treatment of children and to ratify the Convention on the Rights of the Child in 2019.

We declare no competing interests.

*Dylan G Gee, Emily M Cohodes dylan.gee@yale.edu

Department of Psychology, Yale University, New Haven, CT 06511, USA

- Yuhas A. U.S. agents fire tear gas across Mexican border. The New York Times. 2019. https://www.nytimes.com/2019/01/01/world/ americas/migrants-border-tear-gas.html (accessed Jan 27, 2019).
- 2 Green JG, McLaughlin KA, Berglund PA, et al. Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV Disorders. Arch Gen Psychiatry 2010; 67: 113–23.
- 3 Gee DG, Casey BJ. The impact of developmental timing for stress and recovery. *Neurobiol Stress* 2015; 1: 184–94.
- Stoltzfus E. Child welfare: an overview of federal programs and their current funding.
 2017. https://fas.org/sgp/crs/misc/R43458.pdf (accessed Jan 27, 2019).
- 5 United Nations. Convention on the rights of the child. 1989. https://treaties.un.org/pages/ ViewDetails.aspx?src=IND&mtdsg_no=IV-11&chapter=4&lang=en (accessed Jan 27, 2019).

The scarcity of child psychiatrists in China

According to the official Chinese media (China Central Television) news live room report on Jan 10, 2018, China has about 420 million children aged 0-14 years. According to WHO, in developed countries and a few developing countries, the prevalence of mental disorders among children and adolescents was 12-29% in 2005.1 This suggests that 50-120 million children with mental disorders in China need treatment. However, in 2015, a Chinese Government White Paper pointed out that there were fewer than 100 000 paediatricians in China, resulting in just 0.26 paediatricians per 1000 children—in other words, every paediatrician is responsible for nearly 4000 children. Child psychiatrists are even more scarce in China, with fewer than 500 full-time child psychiatrists in the whole country. The distribution of child psychiatrists is highly uneven: in major cities such as Beijing and Shanghai, the numbers of child

For the Chinese Government White Paper see http://www. nhfpc.gov.cn/fys/s7901/201506/ 242cf2ce661349c8ad8b94581 bd588cd.shtml