Last month’s *Pediatric Annals* contained a series of articles outlining how providers could effectively assess many different mental health issues within a primary care practice. In this edition, we move on to discussing treatment.

Primary care clinicians tend to vary significantly regarding which mental health conditions they feel confident about treating. While attention-deficit/hyperactivity disorder (ADHD) management has become an accepted part of most practices, a provider’s role in treating other conditions such as depression and anxiety varies more widely depending on a provider’s past treatment experience, education, and beliefs about the role of the primary care practitioner in mental health management. For instance, in one survey, only one in 10 pediatricians reported feeling comfortable with the treatment of depression.1

All children should have access to early intervention, to treatments appropriate for delivery in primary care practices, and access to child mental health specialists for more specialized care when indicated. To provide this, primary care practitioners need both comfort and familiarity with at least the first steps in appropriate treatment for any mental health condition — treatment steps that they would either implement themselves or be able to accurately explain to their patients and caregivers. We have therefore put together an issue that reviews the essential elements of treatment for a wide variety of child mental health conditions.

...primary care practitioners need both comfort and familiarity with at least the first steps in appropriate treatment for any mental health condition... They also discuss how selective serotonin reuptake inhibitors are clinically more effective overall at treating anxiety disorders than they are at treating depression in children. This is in line with a point I have often made to my trainees: These agents in children actually would be more appropriately labeled as “anxiolytics” than as “antidepressants” in our shorthand nomenclature.

Simona Bujoreanu, PhD, and colleagues discuss the medical and psychological treatments for depressive disorders (see page 548). They explain the evidence-based depression psychotherapies such that one can understand what they actually entail. They describe the role of medication treatment, what treatments to avoid (ie, no tricyclics), and urge practitioners to consider implementing combined (medication and psychotherapy) treatment for more severe cases of depression.

Karen Pierce, MD, of Northwestern University, describes the treatment of ADHD as a team intervention requiring the active collaboration of parents, school members, and the child (see page 556). Although medication treatments are well accepted as both safe and effec-

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1. Reference: [Provide reference number for the survey mentioned in the text.]
tive for ADHD treatment, she makes the case that one should certainly not neglect the psychosocial aspects of treatment to sustain treatment adherence and to improve overall clinical outcomes.

William P. French, MD, and Michael D. Kisicki, MD, discuss the treatment of disruptive behavior disorders (see page 563). They make the case that the most effective means of treating these disorders is to modify how others respond to the child, through such strategies as educating the parents on how to employ behavior management techniques. In the absence of a clear medication-responsive comorbidity, such as ADHD, pharmacologic treatment of disruptive behavior problems is generally to be avoided.

Kaizad R. Munshi, MD, MPH, and colleagues have written an article about the treatment of autism (see page 569) — a significant challenge given the wide array of treatments purported to either help the core disorder of autism or to help mitigate elements of the disorder. They describe both the treatments shown to be effective and those shown not to be effective. Given that no treatment can be purported to truly cure this condition, knowing what not to do is just as important as knowing which strategies are worth trying.

These articles, I believe, will help facilitate the confident initiation of mental health treatment by primary care physicians in the pediatric setting. I welcome your comments. Email me at: Robert.Hilt@seattlechildrens.org.

REFERENCE

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about the guest editor

Robert Hilt, MD, FAAP, is an Assistant Professor of Psychiatry at the University of Washington and Seattle Children’s Hospital. He is also the Program Director for the Partnership Access Line, a child mental health consultation service for primary care providers in Wyoming and Washington. He is co-chair of the Committee on Collaboration with Medical Professions with the American Academy of Child and Adolescent Psychiatry, and is President of the Washington State Psychiatric Association. Dr. Hilt has received board certifications in general pediatrics, adult psychiatry and child and adolescent psychiatry.