I am quite fortunate to be able to frequently provide mental consultation to pediatric health care providers in my role as a child and adolescent psychiatrist at Seattle Children’s Hospital in Seattle, WA. Some of this consultation occurs face-to-face in community multidisciplinary clinics during “curbside” discussions, while at other times, I provide consultation remotely through our statewide Partnership Access Line program, which connects pediatric primary care providers to child and adolescent psychiatrists by phone. These encounters make it clear to me of the vital role pediatric primary care providers play in safeguarding the mental health of our youth, often in communities that have limited specialized mental health resources.

As guest editor of this issue of Pediatric Annals, I hope pediatric practitioners find the articles on mental health issues encountered in primary care helpful in improving their knowledge, confidence, and abilities to provide effective treatments.

The articles presented in this issue cover topics that range from “horses to zebras,” although in truth for many patients and families with mental health challenges, even what might seem straightforward (eg, attention-deficit/hyperactivity disorder [ADHD]), often require multicomponent treatment interventions, ongoing support, and creative problem-solving skills from care providers.

The complex challenges facing pediatric care clinicians providing mental health care for youth is clearly presented in the article “Mental Health Issues in Foster Care” by Drs. W. David Lohr and V. Faye Jones in which they discuss the physical and mental health issues faced by children in foster care. Children in foster care represent a highly vulnerable population of youth, who sustain significantly elevated rates of mental illnesses as compared to the general youth population. Their complex histories, which often include in-utero exposure to alcohol and other neurotoxins, maltreatment and neglect, and multiple placements, can seem overwhelming even to the most experienced mental health clinician. However, the authors make a clear argument that pediatric providers, by giving these children a medical home, can play a pivotal role in ensuring their welfare through facilitating access to and coordinating the care of a range of services they will likely need.

Children often present to their primary care providers with complaints of stomachaches, headaches, and poorly defined pain symptoms without mention of concerns for anxiety or worry. In the article “Identification and Treatment of Generalized Anxiety Disorder in Children in Primary Care,” Dr. Erin Dillon-Naftolin provides a well-organized review of the assessment and treatment of generalized anxiety disorder and explores the complex interaction between mind and body that can lead to symptoms manifesting somatically. Having a high suspicion for the possibility of anxiety when children present with somatic complaints and following up with appropriate screening and more thorough assessment if indicated is an important take-home message.

In a related article titled, “Functional Neurological Symptom Disorder in Youth,” Dr. Ian Kodish describes the important role pediatricians play in identifying youth with conversion disorder, which is also termed “functional neurological symptom disorder.” Youth with conversion disorder present with neurologic symptoms that are incompatible with recognized medical conditions. Often a disorder that requires coordinated referral to specialty providers (eg, neurology and psychiatry), revisions to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition and recent changes to best practice guidelines for assessment and treatment suggest an expanded role for pediatricians who, as authoritative and trusted providers, can provide reassurance, openly communicate findings, coordinate care, and limit unnecessary medical examinations.
No disorder recently has generated as much controversy in the field of child and adolescent psychiatry as pediatric bipolar disorder and its stepchild, the newly minted disruptive mood dysregulation disorder. In the article, “Pediatric Bipolar Disorder,” Dr. Terry Lee provides pediatricians with basic information about these disorders to educate patients and families, suggest appropriate evidence-based treatments, and help coordinate referrals to the specialized mental health providers, which likely will be needed to definitively diagnose and to treat these conditions.

ADHD is likely to be the mental health disorder that pediatric primary care providers feel most comfortable diagnosing and treating without referral. The availability of effective and generally safe medications (eg, stimulants) probably contributes to this comfort. However, stimulants are not always appropriate for young children, especially those younger than age 6 years, are not always well-tolerated, and require commitment to ongoing use to effectively control symptoms. As a component of care, or even at times as a viable alternative to medications, evidence-based psychosocial interventions can play an important role in the treatment of ADHD. In their aptly titled article, “Skills Versus Pills: Psychosocial Treatments for ADHD in Childhood and Adolescence,” Dr. Erin N. Schoenfelder and Tyler Sasser describe several evidence-based treatments for ADHD that are useful to pediatric health care providers when discussing options for treatment with their patients and families.

REFERENCE


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