Pediatric Mental Health Disorders

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In the United States, 1 in 4 children will experience a functionally impairing mental health disorder.\(^1\)

Thus, wherever you work in the child health care system, you will regularly encounter children with mental or behavioral health challenges. What each of us does in response to these challenges faced by our patients depends on our workplace setting, our behavioral health knowledge base, and the mental health support systems we have available.

In a primary care setting, there has been an increasing acceptance of the role of providing basic supportive behavioral health services. Most mental health medications, for instance, are prescribed by primary care providers rather than by child mental health specialists. However, it is unusual for a primary care setting to be equipped to provide psychotherapy or child behavior management services, which are fairly common recommendations for best practice care. Many efforts are underway to design the delivery of collaborative or integrated behavioral health care in primary care settings, which would bring more supports to primary care settings as they address child mental health challenges. In the meantime, we can keep up with best practice prescribing practices by reading the first article in this issue, “Update on Common Psychiatric Medications for Children,” by Dr. Aditi Sharma.

The ways in which we can approach the behavioral health needs of young parents and very young children in our practices have been making several advancements. Developmental brain science has now shown something long suspected—that healthy emotional behavioral and social development in infancy and toddlerhood can yield a lifetime of improved functioning. Supporting the healthy development of young children has long been a core goal of pediatric primary care, which makes the article, “Starting Early: Promoting Emotional and Behavioral Well-Being in Infant and Toddler Well-Child Care,” by Drs. Douglas Russell and Mary Margaret Gleason pertinent to most of us who provide pediatric services.

In a medical hospital setting, children may arrive with comorbid behavioral health concerns that affect their treatment or may develop mental health challenges as a reaction to their physical health condition. Anxiety disorders, depression, or just generalized oppositionality may lead to poor adherence to a recommended medical care plan, increased length of stay, and poorer medical outcomes. If this happens in a large tertiary care hospital, then you may have access to a child psychiatry consult service that can visit with the patient and family to help sort out an effective intervention. Without such a consultant available, we are faced with having to sort through these issues in greater detail ourselves and come up with an intervention. In the third article, “Behavioral Health Care for Children Who Are Medically Hospitalized,” Dr. Ian Kodish reviews the common issues and approaches used for behavioral health management for children who are hospitalized.

There has unfortunately been a steady increase in families who turn to emergency departments (EDs) for help at times of crisis. The cause of the increase is multifactorial, including limited access to outpatient mental health care services, increases in youth self-harm and suicidality, and increased awareness of behavioral health care needs. EDs can play a useful role in calming down a crisis, giving families time and a safe space for sorting through the next best steps to take, and helping decide the need for inpatient versus outpatient mental health care. Unfortunately, many EDs do not have large or continuous staffing with behavioral health specialists to help emergency physicians and families make the best of an ED visit. The final article, “Evaluation and Management of Psychiatric Emergencies in Children,” by Dr. Cecilia P. Margret and myself discusses common ED evaluation scenarios and some of the intervention approaches that may be taken.

Disclosure: Robert Hilt discloses that he has been a consultant (treatment facility site reviewer) for Optum, a health system for behavioral health.

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REFERENCE

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Robert Hilt, MD, FAAP, is a Professor of Psychiatry at the University of Washington and an Attending Psychiatrist at Seattle Children’s Hospital. He is the Program Director for the Partnership Access Line, a child mental health consultation service for primary care providers in Wyoming and Washington, and the Director of the Medication Second Opinion services in those same states. He is also the Co-chair of the Committee on Collaboration with Medical Professions with the American Academy of Child and Adolescent Psychiatry. Dr. Hilt has received board certifications in general pediatrics, adult psychiatry, and child and adolescent psychiatry.

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