

This Issue:

Adolescent Mental Health

Robert J. Hilt, MD, FAAP

Guest Editor



Improving mental and behavioral health care for children has become a national priority, both as an important aspect of medical home care delivery and in response to recent tragedies that highlight the importance of addressing mental health early in life. Efforts to improve pediatric mental and behavioral health care usually focus on incorporating the latest evidence base and best practices for diagnosing and treating the most common mental health disorders such as attention-deficit/hyperactivity disorder, depression, anxiety, and the disruptive behavior disorders.

In this issue, we look at how to improve the mental and behavior-

al health of children, but this time we focus not on the “greatest hits” section of the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV*) but upon other ways we can support healthy emotional and behavioral development. Psychiatric specialists to whom cases have been referred and advocates of improving health care for children need to have knowledge about a wide range of child-specific mental and behavioral health information.

EFFECTS OF BULLYING

Bullying has been recognized as both a common part of childhood experiences and one that often

has very negative long-term consequences on both mental health and life functioning. For instance, when peer-to-peer school violence occurs, communities have learned to immediately question if bullying had been a contributing factor. Efforts to better identify and intervene with childhood bullying have typically focused on what schools should do (such as “no tolerance” policies) and on public education efforts, but there has been less clarity on what medical professionals can do to halt the cycle of bullying.

In this issue, **David Buxton, MD**, **Mona Patel Potter, MD**, and **Jeff Q. Bostic, MD** (see page 101)

about the guest editor



Robert J. Hilt, MD, FAAP, is an Associate Professor of Psychiatry at the University of Washington and 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.

describe not only the basics of what constitutes bullying and describe its consequences, but they also recommend both screening and intervention strategies. Although as clinicians we cannot halt the cycle of bullying on our own, we can certainly learn how to be active agents for change.

DIFFERENTIATION OF NEGLECT FROM ABUSE

Neglect of children has become increasingly recognized as another problem with long-term consequences. Neglect is more difficult to define and identify than outright physical abuse, but it is no less important. In my own work, I regularly see that neglect

has caused pervasive negative impacts on mental health, personality development, future psychosocial functioning, and that it may have also caused problems with both physical health and development. In this issue, **Harold Dubowitz, MD, MS** (see page 106) discusses a wide range of neglect problems in children and offers a series of concrete suggestions for both assessing and intervening effectively in cases of neglect.

CORRECT USAGE OF SSRIs IN CHILDREN

The decision of whether or not to prescribe a selective serotonin reuptake inhibitor (SSRI) for a child is often a difficult one

to make. The US FDA warnings about the potential for increasing suicidality in young people; physician doubts about when these medications are really appropriate or about their potential clinical effectiveness; and unfamiliarity with reasons why one might select one SSRI over another for a child are just a few of the reasons why use of this class of medications can be challenging. In this issue, **David R. Camenisch, MD, MPH, and I** (see page 112) discuss these and other aspects of SSRI use in children to address concerns that may arise when an SSRI prescription is being considered.

doi: 10.3928/00485713-20130306-03