
Pediatric Mental Health for Primary Care Providers

Sarah Y. Vinson • Ebony S. Vinson
Editors

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A Clinician's Guide

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*To the wonderful Dr. Donna M. Parker and
all of the pediatric primary care providers
serving children and families in excellence.*

Preface

Pediatric primary care providers (PCPs) have been drafted into the mental health workforce. Even before integrated care per se became a buzzword in medical professional communities, a steady stream of pediatric patients and families were bringing their mental health needs to their PCPs. It makes sense. In the vast majority of cases, PCPs are not only more accessible than mental health care specialists, but they are also, more importantly, already trusted and respected by families. In a perfect world, the mental health care system and/or a seamlessly integrated medical/mental health care system would be optimally configured and funded to efficiently and equitably provide excellent mental health care to all children and families who need it. The reality is that our systems fall far short.

A shift is needed, and in some respects is underway, to better equip and support the clinicians bridging the gap out of a sense of clinical duty and beneficence. That said, we have a lot of catching up to do. Training in mental health during pediatric residency programs is variable in depth and breadth. While there are some billing codes that support screening, care coordination, and collaboration, they are often inadequately reimbursed, if at all. When screening for mental health identifies issues requiring further treatment, wait times for mental health care providers are too often too long. In this practice environment, PCPs could use a practical, easily referenced clinical resource intentionally designed and written with the realities of their practice environment in mind. Of note, while the term PCP is used throughout this text for brevity, many of the recommendations can be implemented by other clinicians or staff operating under the supervision and direction of the PCP.

From its conception, this project was informed by the co-editors' experiences of teaching pediatric interns and residents; treating children and adolescents from diverse backgrounds in both private and public settings; serving as a curb-side resource to pediatric colleagues; consulting, doing collaborative care, and seeing patients in primary care settings; and engaging with local pediatric professional organizations in providing continuing medical education. When the search for a book such as this one to recommend to our colleagues yielded nothing, we took it upon ourselves to create one. While no single text can bridge the gaps between need and access to mental health interventions for children and adolescents, a tool that supports the process of earlier identification and, in some cases, initial interventions, in the medical settings where kids and families feel most comfortable, and are already going, is an important contribution.

The goals of broad applicability, clinical relevance, and practicality guided the development of every chapter. PCPs in rural, urban, public sector, private, resource-rich and resource-poor environments can all find some benefit from this text. Additionally, content was not included just for the sake of being interesting, it had to have clear clinical utility. Eloquent discussion of policy and in-depth examinations of neuroanatomy have their place, but not here. There is, instead, an emphasis on clinical pearls such as questions to aid in the diagnostic process and key points for parental/family education. Finally, it was written with the cost and time limitations of a busy outpatient practice in mind. For example, recommended screening tools are public domain and/or free, and chapters include tables and charts for quick reference.

The book is divided into two parts. The first includes overarching topics that can inform any pediatric encounter involving mental health issues. These topics include resilience, cultural humility, trauma, suicide and self-injurious behavior, mental health assessment, medico-legal considerations, measurement-based care, and interfacing with the mental health care and school systems. The second part includes diagnosis specific information for the psychiatric conditions most commonly seen and possibly managed (at least initially) in primary care settings. These topics include depression, anxiety, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder, autism spectrum disorder, and substance use disorder. The reader will notice that there is greater emphasis on more advanced management in the ADHD chapter, which was an editorial decision informed by PCPs' relative clinical comfort managing uncomplicated ADHD in the primary care setting.

Of note, as a clinical handbook, this text is not meant to be a stand-alone resource regarding pediatric mental health and was written with the presumption that more comprehensive resources would be accessed when needed. For example, the diagnosis chapters include discussion of the most common and/or concerning potential side effects of relevant psychiatric medication classes; however, the FDA package insert for each medication will include a comprehensive list of adverse effects. Additionally, though our authors summarize diagnostic criteria, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) will include a complete description and the exact verbiage.

While we are pleased to provide this resource and hope that it is of benefit to your practice, we appreciate the need for a forum where easily referenced, clinically informed, up-to-date information and practice support tools can be shared. The website pedsmentalhealth.com will be a dynamic resource from the editors of this text that will build upon the work started here.

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Sarah Y. Vinson, MD

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We would like to acknowledge the support and assistance of Springer Staff (Nadina Persaud, Johnson Manasseh). We are deeply grateful for your guidance, patience, and support.

Completion of this book often took us away from our families and loved ones and required a lot of dedicated time away from other important areas in our lives. We are eternally grateful for all of the love, support, and encouragement of our support network as we have embarked on this journey. To Lotta and Theriot Vinson, we love you immensely and we thank you for all of your sacrifice and hard work to instill the values of service and humility.

Finally, we want to appreciate each other. Our collaboration as sisters first and as an editorial team second has been stimulating and rewarding. As mental health professionals with different training backgrounds and unique perspectives, we worked together in an efficient and supportive way which ultimately led to a focused product of great purpose and clinical utility. Thank you for being you, sister.

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About the Editors

Ebony S. Vinson, PhD received her B.S. in Psychology from Florida A&M University. She earned her Ph.D. in Clinical Psychology in 2014 from the University of Kentucky and completed a Clinical Health Psychology Postdoctoral Fellowship in the Department of Psychiatry at Virginia Commonwealth University. During the fellowship, Dr. Vinson developed advanced clinical skills in the field of health psychology and broadened her experience with integrated primary care models and psychological evaluation. Her research interests and areas of publication include mental illness stigma, consequences of traumatic stress in African American women, racism-related coping, and cross-cultural factors in assessment. Dr. Vinson is a licensed clinical psychologist.

Sarah Y. Vinson, MD is a triple-board certified Child & Adolescent, Adult and Forensic psychiatrist who began her post-secondary education at Florida A&M University earning a B.S. in Chemistry. In 2007, she received her medical degree from the University of Florida College of Medicine with Research Honors and as an Inductee in the Chapman Humanism Honors Society. She completed her general psychiatry training at Cambridge Health Alliance/Harvard Medical School followed by fellowships in both child & adolescent and forensic psychiatry at Emory University School of Medicine. Dr. Vinson is currently an Associate Clinical Professor of Psychiatry and Pediatrics at Morehouse School of Medicine and Adjunct Faculty at Emory University School of Medicine. In addition to her academic work, she provides mental health care services such as psychotherapy, consultation, and psychopharmacology through her private practice in Atlanta, Georgia. Dr. Vinson is the founder and CEO of [Pedsmentalhealth.com](https://www.pedsmentalhealth.com).

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