Introduction

This collection of articles, resources, and commentaries on depression and suicide prevention offers pediatricians an overview of one of the most pressing public health problems facing the field. Ranging from calls-to-action to practical guidelines for screening and treatment to reports of efforts to improve quality of care, this collection is worth perusing. Key articles describe the growing prevalence of these conditions and the vast problem of undertreatment. The updated GLAD-PC depression guidelines, the American Academy of Pediatrics policy on suicide and suicide attempts, and links to validated screening instruments provide practical tools for pediatricians.

For many pediatricians, addressing depression and suicidality in the office, hospital room, or emergency department still feels foreign and uncomfortable, and this perception is logical. These conditions are complex: for each patient, understanding depression involves exploring the connection between his or her inherent proclivity toward depressive symptoms and the social factors that can add risk or confer protection. Treatment involves patience, careful monitoring, and reliance on and collaboration with other health care professionals. Developmental overlays, family context, and mental health provider shortages add to this complexity. The short office visits and competing demands in primary care and emergency department settings are ill-suited to the lengthy, sensitive, and timely discussions these conditions deserve. A patient with urgent or emergent psychiatric symptoms requires a sudden, unplanned commitment of provider and staff resources to ensure safe transfer to the next step in care. Pediatricians are right to be wary about their ability to deliver the best care for their patients.

And yet, they do deliver such care. Some believe that the problem is so predominant that there is no choice for pediatricians but to accept this responsibility, albeit reluctantly. Others take a more forward-looking stance, recognizing that pediatricians have always had a role in their patients' global well-being, and addressing mental health concerns is part and parcel to the job. Furthermore, families trust their pediatricians and want them to provide this care. Therefore, screening for, diagnosing, and managing depression and suicidality, to the extent possible, should be an integral part of practice, despite pediatricians' imperfect training and suboptimal treatment environments.

The good news is that support for pediatricians providing mental health care is being bolstered on several fronts. There is a growing public awareness of the problem, and public perceptions around mental health conditions are changing,[1] particularly among younger people. Payment strategies to support office-based screening now are more widely implemented,[2] and integrated behavioral health models are becoming more common.[3] Pediatricians' opportunities for education are becoming more sophisticated and experiential-based.[4,5] Policy efforts are starting to address workforce shortages and rural-urban disparities in mental health care.[6] There is growing support for means restriction.[7]

Decreasing the collective burden of depression and suicide in children and adolescents requires a combination of scientific discovery, new and stronger public policies, and the social will to make this a priority. Depression and suicidality are conditions with no easy solutions, and each advancement will contribute a little to alleviating or preventing suffering. As with other public health problems (eg, morbidity from car accidents, smoking) pediatricians cannot be solely responsible for the remedies, but the public is better served when they play a critical, front-line role. This collection reinforces that great responsibility, to ensure broad, informed changes to the approach to depression and suicidality that keep children and adolescents safe and, importantly, allow them to be their best selves.

Jeanne Van Cleave, MD, FAAP

Pediatrics Editorial Board Member
Associate Professor, Pediatrics
University of Colorado School of Medicine

References

1. Pescosolido BA, Martin JK, Long JS, Medina TR, Phelan JC, Link BG. "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. Am J Psychiatry. 2010;167(11):1321–1330