Children’s Mental Health Workforce Shortage: A Call for Immediate Relief

ISSUE:
Unless we take immediate steps to expand the Child and Adolescent Psychiatry (CAP) workforce, mental health needs of American youth will continue to be under met.

BACKGROUND DATA:
- America’s child and adolescent population currently numbers 75 million.
- Mental illness impacts 1 in 5 of America’s young people. 50% of all lifetime cases begin by age 14; 75% by age 24.
- CAPs number only 8,300, (including semi-retired). Estimates place current U.S. need at over 30,000 CAPs.
- Wait times to see a CAP now average 7.5 weeks, even as incidence of wide-ranging mental health, developmental, and behavioral disorders grows nationally.
- Physicians are not filling available seats in specialized Child and Adolescent Psychiatry Fellowship training programs for a number of reasons, including staggering medical student debt.

In response to the primary care workforce shortage, Congress is reauthorizing worthy programs such as the National Health Service Corps (NHSC). This program can provide medical education loan debt relief for physicians who have successfully completed general pediatrics or general psychiatry residency training programs. Trainees, who go on to subspecialize in child and adolescent psychiatry, or child neurology, or child rheumatology, etc., do not have this option through the current NHSC program.

This is because these subspecialists are still in educational training during the first 2 years after the prerequisite general residency at the very same time the NHSC program requires outside work with underserved populations. Added NHSC definitional limitations, including covered population and site of service, further permanently exclude subspecialist trainee participation in NHSC loan repayment programs.

HOW CONGRESS CAN HELP:
Congress should pass legislation that would bring pediatric subspecialty fellows or trainees within NHSC by (1) clarifying definitions to cover pediatric subspecialties, (2) listing children as an underserved population for needed medical services, and (3) ensuring that pediatric subspecialty training sites and programs meet eligibility criteria, just as general primary care residency training programs currently do.

NHSC awardees receive $50,000 in exchange for 2 years of service, if they practice in designated underserved areas. The proposed change would allow pediatric subspecialty programs and trainees to apply for NHSC loan relief.

CONGRESSIONAL ASK:
- Please co-sponsor H.R. 1859, the “Ensuring Children’s Access to Specialty Care Act of 2015,” as recently introduced by Reps. Chris Collins (R-NY) and Joe Courtney (D-CT).
- Give CAPs the opportunity for needed NHSC loan relief for 2 years while serving children through their subspecialty training programs in medically underserved areas.