



Improve Access to Children’s Behavioral Health Care: Building a Diverse Child and Adolescent Psychiatry Workforce

Issue: There are not enough child and adolescent psychiatrists to meet the growing demand for mental health subspecialty care for children and adolescents in the U.S.

Background:

- Nearly 20% of children and young people ages 3-17 in the U.S. have a mental, emotional, developmental, or behavioral disorder, and suicidal behaviors among high school students increased more than 40% in the decade before 2019.¹
- Ratios of child and adolescent psychiatrists per 100,000 children range by state from four to 65, with a national average of 14 child and adolescent psychiatrists per 100,000 children. The estimated average need is 47 child and adolescent psychiatrists for every 100,000 children.²
- Child and adolescent psychiatrists complete four years of medical school, three years of residency in general psychiatry, and a two-year fellowship in child and adolescent psychiatry, often incurring up to \$300,000 in student loan debt.
- Child and adolescent psychiatrists practice in a wide range of settings and further facilitate access to treatment through telemedicine consultation and collaborative care arrangements with primary care providers, schools, and other child-facing systems.

Solutions:

- Student loan debt relief is an incentive strategy that encourages more medical students and psychiatry residents to pursue careers in child and adolescent psychiatry and enables new and early career psychiatrists to practice in areas that are underserved by subspecialty physicians.
- Integration of pediatric behavioral healthcare in all child-facing systems of care, including primary healthcare and school-based health care, facilitates pediatric patients’ access to mental health care by meeting them where they are.
- Integrated behavioral health and primary care models, including the Collaborative Care model, offer primary care providers a way to bill for and be reimbursed for the integration of behavioral health managers and psychiatrists into their practice.

Requests:

- Support student loan repayment programs for mental health providers addressing the pediatric mental health crisis.
- Support the integration of behavioral health care and primary care to extend the reach of child and adolescent psychiatrists.

¹ <https://www.ncbi.nlm.nih.gov/books/NBK587174/>

² https://www.aacap.org/aacap/zLatest_News/Severe_Shortage_Child_Adolescent_Psychiatrists_Illustrated_AACAP_Workforce_Maps.aspx