



Children's Mental Health Workforce Shortage

“There is a dearth of child psychiatrists...Furthermore, many barriers remain that prevent children, teenagers, and their parents from seeking help from the small number of specially trained professionals....this places a burden on pediatricians, family physicians, and other gatekeepers to identify children for referral and treatment decisions.”
(*Mental Health: A Report of the Surgeon General, 1999*)

THE ISSUE: Over the past decade, the pediatric population has experienced a dramatic increase in the incidence and prevalence of attention-deficit/hyperactivity disorder, autism, asthma, depression, diabetes, and obesity. Further, more than 65 percent of rural pediatricians rated the number of subspecialists in their area as poor or fair (Pediatrics, 2010). Numerous reports and studies have shown that the paucity of children's mental health professionals affects access to early intervention and mental health services. An April 2009 Health Affairs study reported that pediatricians were more likely than adult primary care physicians to be unable to refer their patients to outpatient mental health services due to a shortage of mental health providers. The Institute of Medicine (2009) and the Annapolis Coalition on the Behavioral Health Workforce (2003) reported that the lack of a mental health workforce is a major factor to accessing services, and specifically that “workforce shortages are even worse for specialty areas, such as children's mental health.” Residents often cite financial concerns, such as debt load, as a significant factor influencing career choices (Pediatrics, 2005). The average debt for a young physician once they complete residency training is between \$151,342 (public school graduates) and \$205,707 (private school graduates) (AAMC, Medical School Tuition and Young Physician Indebtedness, October 2007).

THE SOLUTION: Provide funding for the Health Resources and Service Administration's Pediatric Specialty Loan Repayment Program. President Obama's 2014 budget allocated \$5 million to this program. The program amends the Public Health Service Act Title VII, Part E by adding a new subpart 3—*Recruitment and Retention Programs* and creates a new PHSA Sec. 775—*Investment in Tomorrow's Pediatric Health Care Workforce*. It will provide loan repayment to individuals delivering pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services, who will work full time for at least two years in a HPSA or medically underserved area, or among a medically underserved population that has a shortage of the specified specialty and a sufficient pediatric population. Funding priorities are to be given to applicants who: (1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting; (2) have familiarity with evidence-based methods and cultural and linguistic competence in providing health care services; and (3) demonstrate financial need. The program will provide a maximum loan repayment of \$35,000 for each year of service, for a maximum of three years.

COST: \$5 million for FY 2014 for loan repayments for pediatric medical specialists, pediatric surgical specialists, child and adolescent mental and behavioral health professionals.

AACAP POSITION: AACAP urges you to support an appropriation for \$5 million for HRSA's Pediatric Specialty Loan Repayment Program for FY2014. This program will alleviate the workforce shortage and increase access to care for families seeking child mental health specialists and pediatric specialists.

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