AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

United States Senate Committee on Finance

Workforce Issues in Health Care Reform: Assessing the Present and Preparing for the Future

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Testimony for the Hearing Record

Submitted by

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Introduction

The American Academy of Child and Adolescent Psychiatry (AACAP) applauds Senator Baucus for holding this important hearing, and we applaud his commitment to improving America's health care system by addressing the severe workforce crisis.

AACAP is a medical membership association established by child and adolescent psychiatrists in 1953. Now over 8,000 members strong, the AACAP is the leading national medical association dedicated to treating and improving the quality of life for the estimated 7 – 12 million American youth under 18 years of age who are affected by emotional, behavioral, developmental and mental illnesses. AACAP supports research, continuing medical education and access to quality care. Child and adolescent psychiatrists are the only medical specialists fully trained in the treatment of mental illness in children and adolescents.

Despite living in the wealthiest nation in the world, many of our children in need of help lack access to a child mental healthcare worker. Less than a third of youth with mental illnesses receive treatment. If left untreated mental illnesses are devastating to our nation's youth and their families. Mental illnesses are implicated in 90% of suicides, which are the third-leading cause of death for young people. Many children with unidentified and untreated mental illnesses fail or drop out of school, fail to develop friendships and social skills, and could end up in the juvenile justice systems. An estimated 70% of arrested juveniles have mental health problems.[1] The recently released Institute of Medicine's report on *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* again describes the plight of the 14 to 20 percent of U.S. children with a mental illness and the associated annual cost of $247 billion. The report emphasizes development of an effective preventive system, including research, evidence-based preventive intervention, and developing the necessary workforce[2]

The devastating reality is that youth with untreated mental illnesses have a greatly diminished future to live independently. The adverse impact on youth and their families cannot be overstated. A major factor in this epidemic of untreated mental illnesses is a shortage of qualified practitioners.

Shortage of Children's Mental Health Professionals

One of the key barriers to treatment is the shortage of available specialists trained in the identification, diagnosis and treatment of children and adolescents with emotional and behavioral disorders. The Surgeon General reported in 1999 that "there is a dearth of

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[1] http://science-education.nih.gov/supplements/nih5/Mental/guide/info-mental-c.htm

[2] National Research Council and Institute of Medicine (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions). O'Connell ME, Boat T, and Warner K, eds..Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press

child psychiatrists, appropriately trained clinical child psychologists, or social workers.[3]" The *Annapolis Coalition* reports, "there is substantial and alarming evidence that the current workforce lacks adequate support to function effectively and its largely unable to deliver care of proven effectiveness in partnership with the people who need services."

There are currently about 7,400 child and adolescent psychiatrists practicing in the U.S[4]. In 1990, Council on Graduate Medical Education (COGME) reported that the nation would need more than 30,000 child and adolescent psychiatrists by 2000, based on increasing rates of child mental illnesses and managed care staffing models. The Bureau of Health Professions projected that between 1995 and 2020, the use of child and adolescent psychiatrists will increase by 100%, with general psychiatry's increase at 19%. Provider shortages have been documented in private practices, community clinics, public hospitals and public mental health care systems alike[5]. Primary care providers report seeing a large number of children and adolescents with mental health problems, but have difficulty finding available clinicians to take referrals.

The shortage of child and adolescent psychiatrists is due to increased educational debt, pressure and incentives to pursue a primary care career in the 90's, a long training period, further specialization of medicine including psychiatry subspecialties and reimbursement problems in the managed care era. All of these factors discourage medical students from choosing a career in child and adolescent psychiatry. Many other child mental health specialties face similar programs with longer training periods specializing in the developmental needs of children, which lead to additional school loan debt.

The shortage crisis of children's mental health professional shortage is a well recognized national concern and calls to action have been issued by the following national leaders:

- President's New Freedom Commission on Mental Health (2003)[6]
- Council on Graduate Medical Education (2000)
- Accreditation Council for Graduate Medical Education (2006)
- National Health Policy Forum (2004)[7]
- National Technical Assistance Center for Children's Mental Health (2004)[8]
- The United States Surgeon General (1999)[9]

Effects of Shortage

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[3] http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec3.html

[4] The following data has been extracted through an analysis of the American Medical Association Physician Masterfile (September 2008) by the AACAP.

[5] http://www.nhpf.org/library/details.cfm/2469

[6] President's New Freedom Commission on Mental Health (2003), Achieving *the Promise: Transforming Mental Health Care in America. Final Report.* DHHS Publication NO SMA-03-3832

[7] *The Provider System for Children's Mental Health: Workforce Capacity and Effective Treatment,* Nat'l Health Policy Forum, Oct., 2004

[8] *Transforming the Workforce in Children's Mental Health*, Nat'l Technical Assistance Center for Children's Mental Health, Georgetown University, 2004

[9] *Mental Health: A Report of the Surgeon General*, 1999

Without intervention, child and adolescent mental illnesses frequently continue into adulthood. As children with co-existing depression and conduct disorders grow into adults, they are more likely to use more health care services and have higher health care costs than other adults.

- At least one-third of the children being served by the United States mental health care system are diagnosed with 2 or more psychiatric disorders[10].
- It is estimated that 39-80% of the children in the United States child welfare system have mental health needs.
- Research shows that about 70% of youth in the juvenile justice system have a psychiatric disorder and over 20% have serious mental illnesses that significantly impair their lives[11].

The workforce shortage also places a tremendous burden on families who are often told that they must wait months for their child to see a mental health professional or must travel long distances for help. The shortage impacts almost every aspect of prevention and treatment across all sectors of the diverse behavioral health field[12]. There are numerous instances where acutely suicidal or physically violent children and their parents have to wait overnight in an emergency room before being seen by a mental health professional. Even then, subsequent outpatient follow-up is often delayed for weeks leaving families feeling frustrated, alienated and hopeless. Consequently, many children never get to their follow-up appointment, which often leads to more violence, emergency room recidivism, and juvenile detention.

In the rural areas of the country, the workforce shortage is even more severe. It is becoming even more difficult to recruit, train, and retain mental health professionals in rural areas. In fact, half of the counties in the United States do not have a single mental health professional[13].

Addressing the Shortage

Many factors contribute to the shortage of children's mental health professionals. Chief among these factors is the lack of educational incentives in the form of scholarships, meaningful loan repayment programs, training grants and specialty training program support to pursue a career in this field. Recruitment efforts need to be improved and training opportunities must be expanded.

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[10] *Transforming the Workforce in Children's Mental Health*, Nat'l Technical Assistance Center for Children's Mental Health, 2005

[11] *Transforming the Workforce in Children's Mental Health*, Nat'l Technical Assistance Center for Children's Mental Health, 2005

[12] *An Action Plan for Behavioral Health Workforce Development,* the Annapolis Coalition on the Behavioral Health Workforce 2007

[13] Bird, D.C. Dempsey, P., & Hartley, D. 2001 *Addressing mental health workforce needs in underserved rural areas: Accomplishments and Challenges.* Portland, ME: Maine Rural Health Research Center, Muski Institute, University of Southern Maine

Congress must address the critical need for children's mental health workforce training by creating incentives to help recruit and retain child mental health professionals and to improve, expand, and help create programs to train child mental health professional through the following mechanisms:

- Removal of the graduate medical education cap for child and adolescent psychiatry to allow for full funding for an increase in the number of Child and Adolescent Psychiatrists permitted under the Medicare Graduate Medical Education Program and extension of the Board Eligibility period for residents and fellows from four years to six years.
- payments for both direct medical education and indirect medical education funding for child and adolescent psychiatry.
- Support for training in child and adolescent psychiatry for pediatricians through a new training portal.
- Loan repayment and scholarships for all children's mental health professionals.
- Grants to graduate schools to provide for internships and field placements in child and mental health services.
- Grants to help with the pre-service and in-service training of para-professionals who work in children's mental health clinical settings.
- Grants to graduate schools to help develop and expand child and adolescent mental health programs.

I encourage you to enact the Child Healthcare Crisis Relief Act. This bill will help alleviate these drastic shortages of child mental health professionals by providing loan forgiveness and making grants to professional schools to develop, expand, and improve training programs for professionals who serve children and adolescents. Untreated mental illnesses are devastating to children and adolescents. Children with untreated mental illnesses are at a higher risk for suicide, drug abuse, criminal activity, school failure and dropping out. We can only improve our mental health system if we have the workforce in place.

Thank you for the opportunity to submit testimony for the record. If you have any questions or we can be of any help to your committee, please contact Kristin Kroeger Ptakowski, Director of Government Affairs at 202-966-7300, ext 108 or kkroeger@aacap.org.