In residency, we learn a lot about medication management, psychotherapy, and building rapport with our patients, but rarely do we learn about the legislation or regulations that can either expand or restrict the work we do and the access our patients have to the mental health care they need and deserve. According to a study in 2007, physicians voted less than the general population. In addition, out of 435 members of Congress, only 14 physicians currently serve in the U.S. House of Representatives (only one of them, Jim McDermott, MD, is a child and adolescent psychiatrist)—a total of three percent. In the Senate, there are three physicians and no psychiatrists, again only representing three percent of the total voting body. It is clear that child and adolescent psychiatrists (CAPs) need to increase their collective voice and receive the necessary training to play a more active role in shaping policy and the political process. With this in mind, we decided to work with AACAP’s Government Affairs and Clinical Practice director, Ron Szabat, to initiate the Resident Scholars program at AACAP.

It was clear from day one in the Government Affairs and Clinical Practice Department how little we knew, and how much we would gain while at AACAP. For example, we learned that if the term “serious emotional disturbance” is not included in federal legislation, the legislation would not apply to children and adolescents from birth up to the age of 18-years-old. We would have thought from our medical training that using the term “serious mental illness” could refer to a person of any age with a mental health disorder, but we quickly realized that legislative language and medical language are not congruent. Another example of what we learned was finding out that the term “psychiatrist” in a bill does NOT include “child and adolescent psychiatrists.” In our time at the AACAP office, we saw how the Government Affairs team would carefully dissect legislation, looking for these small wording differences to make sure that child and adolescent psychiatrists and our patients are not left out.

The time at AACAP was spent not only reading though complex legislation, it also included a wide-range of responsibilities that included attending collaborative meetings with other physician organizations, legislative meetings with Congressional staff, political events with Members of Congress, and policy-focused events around Washington, DC. One meeting that stood out was working with other pediatric groups to develop legislative strategies to ensure children have increased access to child and adolescent psychiatrists by making CAPs eligible for the National Health Service Corps. It was also clear that as child and adolescent psychiatry trainees, we served as a resource to the AACAP office and provided valuable clinical insight. Important also was that during meetings with federal legislators we could tell our stories, and the stories of our patients, to emphasize why we need legislation, such as mental health reform.

We hope that other trainees will see the value in this unique training that comes from spending a month at the AACAP national office in Washington, DC. It is our hope that with more opportunities like this, trainees can increase their voice and the voice of their patients in advocating for increasing access, reducing stigma, reducing debt burden, and much more. Please do not hesitate to contact either AACAP’s Government Affairs team or one of us if you want more information about the program or our experiences.

We want to thank Ronald Szabat, Esq., Michael Linskey, Emily Rohlfis, Zach Kahan, and the rest of the AACAP staff for their hospitality during our month. As AACAP members, we are very lucky to have such a highly qualified and hard-working staff.

Reference

Laura Willing, MD, just completed her fifth year as a child fellow and the advocacy chief resident at the University of North Carolina in Chapel Hill. Next year she will serve as the APA Jeanne Spurlock Congressional Fellow in Washington, DC.

Justin Schreiber, DO, MPH, FAAP, just completed service as a fifth year triple board resident and co-triple board chief at the Children’s Hospital of Pittsburgh and Western Psychiatric Institute and Clinic in Pittsburgh, PA. Next year he will remain in Pittsburgh to work as a child and adolescent psychiatrist and pediatrician.