



Addressing Children's Mental Health Workforce Shortage

ISSUE:

American families and youth face a growing unmet need for access to child and adolescent psychiatry mental health services due to a severe workforce shortage.

BACKGROUND:

- **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 of mental illness begin by age 14; 75% by age 24.
- **Child and adolescent psychiatrists number only some 8,000.** Credible estimates place current U.S. need at over 30,000.
- **Wait times to see a child and adolescent psychiatrist average 7.5 weeks,** even as incidence of wide-ranging mental health, developmental, and behavioral disorders grow.
- **Physicians are not filling available seats in specialized child and adolescent training programs,** particularly because of staggering medical student loan debt.

Last Congress, the U.S. House of Representatives passed comprehensive mental health reform legislation that would have brought child and adolescent psychiatry trainees into the National Health Service Corps (NHSC), which provides loan relief to eligible primary care physicians. The House-adopted bill (1) clarified definitions to cover child and adolescent psychiatry, (2) listed children as an underserved population for needed medical services, and (3) ensured that child and adolescent psychiatry training sites and programs meet eligibility criteria. **Unfortunately, this provision was dropped by negotiators in the final version of the 21st Century Cures Act,** while many other important mental health reforms were retained.

Right now, NHSC provides medical education loan relief for physicians who have successfully completed *general* pediatrics or *general* psychiatry post-medical school residency training. As primary care pediatric *subspecialists*, child and adolescent psychiatrists are still in educational training for at least 2 years after their prerequisite *general* residency. **Trainees, who go on to specialize in child and adolescent psychiatry have no meaningful and widely available opportunity to practice child and adolescent psychiatry through the current NHSC loan relief program, without leaving their specialized child training behind.**

Under NHSC program requirements, physicians must be formally attached to a comprehensive community-based facility, and the law prohibits them from locating in inpatient facilities. Such legal limitations amount to exclusion of child and adolescent psychiatry trainees in NHSC loan repayment programs. Change is urgently needed.

CONGRESSIONAL ASK:

- **Please co-sponsor and advance H.R. 3767 or S. 989, "Ensuring Children's Access to Specialty Care Act of 2017," introduced by Reps. Long (R-MO) and Courtney (D-RI) and Sens. Roy Blunt (R-MO) and Jack Reed (D-RI) to include pediatric subspecialists in the NHSC loan relief program through technical corrections.**

American Association of
Child & Adolescent
Psychiatry