January 4, 2013

Joe Biden
Vice President of the United States
Washington, DC

Dear Vice President Biden:

The American Academy of Child and Adolescent Psychiatry (AACAP) is extremely saddened by the events at Sandy Hook Elementary School. AACAP is the leading national medical association of child and adolescent psychiatrists dedicated to treating and improving the quality of life for the estimated 7-12 million American youth who are affected by emotional, behavioral, developmental, and mental disorders. Many of our members are pediatric trauma specialists and have already reached out to and are working with children and families in the Newtown community during their time of need.

Gun violence is a product of many issues in our society, including the erosion of the infrastructure necessary to support healthy child development. Some of these supports include adequate funding for comprehensive healthcare, including coverage for mental illness and substance abuse, safe and appropriate housing, and effective education for all children. Research shows that people with mental illness who receive proper treatment are at no greater risk than the general population for violence. It is when they cannot or do not receive treatment that their risk for violent behavior increases.

AACAP supports all efforts to educate children and the general public about the danger of guns, and the increased risk of accidental injury and death associated with gun ownership, including the right of physicians to ask their patients if there are guns in their home. Additionally, we encourage the strict enforcement of existing laws pertaining to the purchase, ownership, and storage of firearms, as well as measures such as trigger locks, extended waiting periods, mandatory background checks, restrictions on the purchase, and private ownership of handguns and other initiatives designed to protect children and reduce the incidence of gun related violence.

While the details about the shooter and his history with mental illness are unclear, the scenario is all too similar to previous shootings in Blacksburg, VA, Phoenix, AZ, Columbine, CO, and Aurora, CO, where the shooters did not
receive the mental health services they needed. Mental illness impacts 20 percent of our nation’s youth. Half of all lifetime cases of mental illness begin by age 14 and three quarters by age 24. Yet, the majority of those diagnosed do not receive treatment. Mental illness is like any other disease in that the earlier it is identified and treated, the better the outcomes. However, when left untreated, these disorders can lead to serious consequences for children, their families, and our communities. Effective treatments are available, but sadly there is an average delay of 8 to 10 years between the onset of symptoms and intervention. The longer the lag time is between symptom onset and treatment, the more difficult and costly mental illness is to treat and the greater the burden becomes on our public health system.

These recent tragedies have highlighted our nation’s broken mental health system. In recent years, state mental health budgets have seen the largest reductions since the 1960s. Today, only about 20 percent of youth with mental illness receive treatment. Often parents struggle not only to find a mental health specialist, but to pay for higher out-of-pocket costs. Waiting lists to see a mental health professional can be three months to a year.

We can avoid the tragic and costly consequences of unidentified and untreated mental illness in youth by taking the following immediate action:

1) Invest in the prevention, early identification, and research and treatment of mental illness.
  ➢ Increase funding for children’s community-based programs such as the Children’s Mental Health Services Program.
   ➢ Increase funding for mental health research through continued investment in the National Institutes of Health.

2) Increase access to services for children by ensuring there are enough mental health professionals to treat those in need.
   ➢ Appropriate funding for child mental health specialists and pediatric subspecialty loan repayment program (*Section 5203 of the Affordable Care Act (ACA)*).
     ◦ Establishes a loan repayment program for providers of mental and behavioral health services to children and adolescents and pediatric sub-specialists who work in a health professional shortage area, medically underserved area, or with a medically underserved population.

   ➢ Appropriate funding for grants to develop, expand, or enhance children’s mental health training programs (*Section 5306 of the ACA*).
     ◦ Provides grants to schools for the development, expansion, or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health.

   ➢ Increase graduate medical education for child and adolescent psychiatry training programs.
The Balanced Budget Act of 1997 reduced direct graduate medical education funding by 50 percent for subspecialty training. As a result, subspecialties such as child and adolescent psychiatry were specifically hard hit.

3) Help schools and other child-serving systems provide and link children with effective mental health services and supports.
   ➢ Pass the Mental Health in School Act (H.R. 751 in the 112th Congress), which provides funds for school-based mental health programs.

As you work with the Administration, Congress, and the public to prevent future tragedies, improving our country’s mental health system must remain a priority. We urge you to convene a White House summit on children’s mental health to bring together professional and consumer organizations to develop a long term strategy for providing improved services for children and adolescent with mental illnesses. Together, we can and must do better for America’s children.

Thank you for the opportunity to provide you with our policy recommendations. If you have any further questions or would like to discuss these or other recommendations, please do not hesitate to contact our Director of Government Affairs and Clinical Practice, Kristin Ptakowski at kkroeger@aaep.org or 703-963-5941.

Sincerely,

Martin J. Drell, M.D.
President