

AACAP CAPSGW 2020 Early Career Educational Award

Improving Access to Child and Adolescent Mental Healthcare

By Dimal D. Shah, M.D.

Pediatricians are typically children's first point of contact to psychiatric care. During their well-child visits and follow-ups, pediatricians discuss mental health and address many behavioral, emotional, and developmental concerns with patients and their families. When patients' mental health illnesses become too complicated, pediatricians typically refer patients to child and adolescent psychiatrists.

However, there is a severe shortage of Child and Adolescent Psychiatrists in most of The United States of America. According to the American Academy of Child and Adolescent Psychiatry (AACAP), severe shortage is defined as less than 17 child and adolescent psychiatrists per 100,000 people who are younger than 18 years of age. There is approximately 8,300 full-time equivalent child and adolescent psychiatrists currently practicing in America, while the need is for 57,497 full-time equivalents. Due to the shortage, the waitlist for an initial psychiatric evaluation may be upwards to six or more months, which results in delays in diagnosing and treating psychiatric illnesses. These delays place significant strains on patients, their psychosocial states, their futures, and their families, as well as the referring pediatrician. Implementation of child psychiatry access programs, expansion of graduate medical education physician-training positions and expansion of TeleHealth services can help ease these strains and improve mental health access.

Through the child psychiatry access programs, pediatricians have the ability to contact child and adolescent psychiatrists with questions related to patients' psychiatric illnesses, such as diagnostic clarification, medication recommendations, and appropriate treatment plans. The psychiatrists provide recommendations based on clinical practice parameters and clinical expertise, while the pediatricians execute the recommendations, if desired. It is similar to obtaining curbside psychiatry consultations in a hospital setting. Some states do not have this type of program fully or, even, partially implemented, which hinders patient care. Fortunately, District of Columbia, Maryland, and Virginia do.

American College of Graduate Medical Education (ACGME) accredits the residency and fellowship training programs of all medical specialties, including psychiatry. Medicare funds a majority of these training positions. The passing of the Consolidated Appropriations Act of 2020 on December 21, 2020 is influential to decrease the physician shortage because it increased Medicare funded Graduate Medical Education residency and fellowship training positions by 1,000. This is the first increase in 25 years despite the increase in American population and need for physicians. These new positions will be focused in rural areas and programs that have rural training track programs in order to increase the collaboration between rural and urban teaching hospitals. The Resident Physician Shortage Reduction Act of 2021 (S.834) is a bill introduced on March 18, 2021 in the U.S. Senate by Robert Menendez (D-NJ), John Boozman (R-AR), and Charles Schumer (D-NY). It hopes to seek Medicare-funding to increase training positions by an additional 14,000 positions over the next seven years. These new physician-training program positions will hopefully increase the number of child and adolescent

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psychiatrists over the next several years, but it takes ten years to train one – four years of medical school, four years of general adult psychiatry residency training, and two years of child and adolescent psychiatry fellowship training.

An immediate improvement to access to mental health care would be to continue with the TeleHealth waiver that was approved by Center for Medicare and Medicaid Services (CMS) during the COVID-19 pandemic. This waiver allows physicians to conduct appointments in homes and outside designated rural areas, practice remote care across state lines, deliver care to new and established patients, and bill for audio-only and video services. A continuation of such waiver will allow increased access to psychiatric care to the severe shortage areas identified by AACAP. In some underserved areas, patients and families travel hours to and from the psychiatric appointments. Utilization of TeleHealth services when clinically appropriate could decrease stigma around receiving mental health services and decrease logistical barriers for patients and families.

Improving access to child and adolescent mental health care in The United States of America is urgently needed. There is no perfect or single solution. It needs to be a multi-systemic approach with short-term, mid-term, and long-term benefits. The consequence of not acting now is detrimental to the health and wellbeing of the current and future generations.

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