

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Health Care Reform Principles

The American Academy of Child and Adolescent Psychiatry (AACAP) is committed to overall reform of our nation's health care system. Mental health is integral to overall health and should be included in any health care reform. Despite treatment advances and increased early identification, most children and adolescents with mental illnesses do not receive treatment. Almost 1 in 5 children in the United States suffers from a diagnosable mental disorder. Only 20% to 25% of affected children receive treatments for illnesses such as ADHD, eating disorders, depression, and substance use disorders. The barriers to treatment include: lack of mental health insurance coverage, a severe national shortage of child and adolescent psychiatrists, fragmentation between mental health and physical health services, and a lack of community-based services. The AACAP's principles for health care reform in the 111th Congress include:

Mental Health Coverage for all Children and Adolescents

With the implementation of the new mental health parity legislation, many children in group health insurance plans will now receive the opportunity for parity mental health treatments. However, there are still millions of children without any health insurance coverage. The economic impact of not treating mental illnesses in children is wide-ranging, long-lasting and enormous. These disorders impose a range of costs on individuals, families and communities.

The AACAP advocates for all children and adolescents to have health insurance coverage that provides access to quality healthcare for both mental and physical illnesses. This coverage should include early intervention and prevention treatment for mental illness. Treatment must be obtained without financial penalties, hardship, or stigma and must be provided consistently with professionally recognized practice parameters and current standards of care for psychiatric illnesses.

Improved Coordination and Integration between Health Care Services

There is growing evidence of the effectiveness of integrated mental health services delivered in settings such as schools, juvenile justice settings, and early childhood programs such as Head Start. Coordination of care saves money and prevents delays in treatment. In an effective "system of care" for children and adolescents, schools, community mental health centers, psychiatric treatment programs, social service organizations, juvenile justice programs, and primary health care organizations coordinate services to most effectively address the needs of these children while allowing them to remain in their community. By providing a full array of community-based services, providers, in partnership with the individual and family, are able to

customize plans to most effectively help the child and family reach their goals. Ensuring coordinated care and establishing incentives for communication and collaboration across agencies and providers can be challenging, and thus requires an investment of time and resources. Some barriers to coordination of care include: lack of reimbursement for services, lack of incentives for establishing multi-disciplinary treatment teams and time limitations, privacy concerns due to technological innovations, and silo funding sources. However, coordinated, multi-agency, and multidisciplinary services have been shown to improve cost efficiency and facilitate improved functional outcomes.

The AACAP advocates for:

- *incentives for collaborative care between primary care and mental health professionals;*
- *economically viable models of care with appropriate reimbursement to support consultation and collaboration between mental health and primary care providers;*
- *increased funding to states for coordinated services within child serving agencies (mental health, child welfare, juvenile justice, schools and primary care); and,*
- *integrated funding streams for improving access and coordination of care for children and adolescents with mental illnesses.*

Strengthening the Child and Adolescent Psychiatry Workforce

There is a severe maldistribution of child psychiatric services in the U.S. This is particularly evident with children living in rural and low SES areas with significantly reduced access. The ratio of child and adolescent psychiatrists per 100,000 youth ranges from 3.1 in Alaska to 21.3 in Massachusetts with an average of 8.7 across the United States. This places a burden on pediatricians and family physicians, who are often the first providers to identify children for referral and treatment decisions. Pediatricians and family physicians are able, with appropriate training and consultation, to initiate mental health interventions to children with emerging developmental, behavioral problems and common mental health disorders. However, there are children whose problems do not improve with initial intervention and/or children with more severe impairment or complex coexisting conditions who require specialty treatment by a child and adolescent psychiatrist. Increasing educational debt, pressure and incentives to pursue a primary care career, a long training period, and reimbursement problems are some factors that discourage medical students from choosing a career in child and adolescent psychiatry.

The AACAP advocates for:

- *incentives such as loan forgiveness to encourage medical students to train in underserved specialties;*
- *an increase in graduate medical education funding to child and adolescent psychiatry programs; and,*
- *funding of new innovative training models for physicians interested in training in child and adolescent psychiatry.*