

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Access to Treatment for Children and Adolescents with Mental Illness

Children's Mental Health Workforce Shortage

There is a dearth of child psychiatrists, appropriately trained clinical child psychologists, and social workers. Furthermore, many barriers remain that prevent children, teenagers, and their parents from seeking help from the small number of specially trained professionals who are available...This places a burden on pediatricians, family physicians, and other gatekeepers to identify children for referral and treatment decisions.

(Mental Health: A Report of the Surgeon General, 1999)

ISSUE: The Surgeon General, the National Institute of Mental Health, and the President's New Freedom Commission on Mental Health have all recognized under-identification and the lack of treatment of mental illness in children and adolescents as a major problem. The Surgeon General reported in 1999 that only 20% of children and adolescents in need of treatment for mental illnesses receive it. Kids that do not receive treatment for mental illnesses are at high-risk for school failure, substance abuse and entrance into the juvenile justice system. Hurricane Katrina has dramatically increased the need for mental health services and treatment in the Gulf states of Louisiana, Mississippi and Alabama, states that already had a severe shortage of children's mental health professionals, including child and adolescent psychiatrists. The shortage of child psychiatrists creates a burden for primary care physicians, who are not trained in mental health, but must diagnose and treat children if there are no child psychiatrists available.

THE SOLUTION: The Child Healthcare Crisis Relief Act would address the national shortage of children's mental health professionals, including child and adolescent psychiatrists, by creating:

- Loan repayment and scholarships for child mental health and school-based service professionals to help pay back educational loans.
- Grants to graduate schools to provide for internships and field placements in child mental health services.
- Grants to help with the preservice and inservice training of paraprofessionals who work in children's mental health clinical settings.
- Grants to graduate schools to help develop and expand child and adolescent mental health programs.

For child and adolescent psychiatrists, the bill would restore Medicare graduate medical education (GME) funding support to child psychiatry training programs and create a loan forgiveness program for use by child and adolescent psychiatrists.

COST: The total appropriation for the bill is \$45 million annually for 5 years.

AACAP POSITION: AACAP urges you to support The Child Healthcare Crisis Relief Act, H.R. 2073 and S. 1572.

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DOCUMENT TITLE