

## Improve Access to Children's Behavioral Health Care: Building a Robust Child and Adolescent Psychiatry Workforce

### Issue

There are not enough child and adolescent psychiatrists to meet the current and projected demand for youth psychiatric treatment in the U.S.

### Background

- Nearly 20% of children and young people ages 3-17 in the U.S. have a mental, emotional, developmental, or behavioral disorder, and suicidal behaviors among high school students increased more than 40% in the decade before 2019.
- Currently, 72% of the nation's counties have no practicing child and adolescent psychiatrists. In some states, over 90% of the counties do not have even one child and adolescent psychiatrist.
- The Health Resources and Services Administration (HRSA) projects that by 2037 supply of child and adolescent psychiatrists will only meet 65% of the demand if patterns of care, use, and delivery maintain the status quo.
- Child and adolescent psychiatrists complete four years of medical school, three years of residency in general psychiatry, and a two-year fellowship in child and adolescent psychiatry before they can officially begin practicing. Youth psychiatrists can often incur up to \$300,000 in student loan debt during this rigorous process.
- COVID-era telehealth flexibilities and integrated models of primary and behavioral health care improve access to care by extending the reach of the existing child and adolescent psychiatry workforce.
- International medical graduates account for 30% of the child psychiatry workforce.

### Solutions

- Student loan debt relief is a key incentive that encourages more medical students and psychiatry residents to pursue careers in child and adolescent psychiatry, particularly in areas with critical workforce shortages.
- Permitting interest-free federal student loan deferral while completing medical residency also allows for more child and adolescent psychiatrists to enter the field.
- Extend COVID-era telehealth flexibilities permanently.
- Facilitate integrated models of pay with seed financing and reimbursement mechanisms.
- Extending the time that international doctors who complete their medical training in the US can practice in the US, in return for service in health professional shortage areas, improves access to mental health care in underserved American communities.