OPINION

Recommendations may alleviate child psychiatrist shortage

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Psychiatrists needed: Many counties have just one practicing child and adolescent psychiatrist (royal blue) or none at all (dark blue).

The U.S. has a severe shortage of active child and adolescent psychiatrists, but **more scholarships and training opportunities** may increase their ranks, says a new report released 27 March by the **American Academy of Child and Adolescent Psychiatry** (AACAP).

A team of about 40 child and adolescent psychiatrists spent ten years analyzing measures that may boost the number of medical students and pediatricians who choose to specialize in child psychiatry.

About one-quarter of children in the U.S. have a diagnosable psychiatric disorder such as autism, depression or bipolar disorder. However, only about 20 percent of them receive evaluation and treatment by medical professionals, and only a fraction of that number are evaluated and treated by one of the country's 8,300 child and adolescent psychiatrists, the report says.

"The problem is even more magnified for families of children with autism," says **Gregory Fritz**, president-elect of AACAP and professor of child and adolescent psychiatry at Brown University in Providence, Rhode Island. "Even if they can get a child psychiatrist for their kids, some psychiatrists don't have the experience or training to feel comfortable with kids with autism."

Instead, the responsibility often falls on pediatricians, family physicians and other clinicians who may provide inadequate care for these children.

Remote access:

The problem is particularly acute in rural areas: Idaho has 4.9 child psychiatrists per 100,000 children, for example. But waiting lists are long even in areas with reasonable access, such as Washington, D.C., which had 57 child psychiatrists for every 100,000 children in 2012.

Families **wait about 7.5 weeks on average** to be seen by a child psychiatrist, according to a 2012 survey of 69 children's hospitals in the U.S. The backlog may only get worse. The demand for child psychiatrists' services will have doubled between 1995 and 2020, according to projections by the **U.S. Department of Health and Human Services**.

The academy recommends that the U.S. prepare for this shortfall by offering financial incentives to medical school students pursuing child psychiatry and by providing increased funding to the residency programs that train them.

For instance, Congress could allocate money for medical school scholarships and help students repay **their substantial loans**, the report suggests.

The five- or six-year investment in training may be another deterrent for physicians interested in child psychiatry, Fritz says. To specialize in the field, new doctors must complete at least three years of training in general psychiatry and an additional two years studying children.

Other specialties, such as anesthesiology and surgery, also require several years of training, but those doctors earn more money than child psychiatrists do.

The **Post Pediatric Portal Program**, a pilot program launched in 2007, allows pediatric residents to condense their general psychiatry and child and adolescent psychiatry training into a three-year course of study. But the program has only three sites in the U.S., and each accepts two pediatricians a year. The academy recommends implementing this program nationwide.

In the meantime, child psychiatrists could apply **for demonstration grants** to help them determine the impact of networking with other doctors, the academy says.

For instance, psychiatrists who work with children and adolescents could collaborate with pediatric practices, and advise them on diagnosis and treatments.