

THE SHORTAGE OF CHILD PSYCHIATRISTS IN CALIFORNIA

Phone rings, mother speaks, "hello Dr. Teal could you please set up an appointment to see my son Johnny. He's eight years old and he's not sleeping well. For the last month he says he's been hearing bad people from his dreams telling him he should be dead and it's happening now when he's awake. He can't concentrate in school and he's so preoccupied he's losing his friends.

Dr. Teal speaks, "it certainly sounds like he needs a good evaluation. Have you spoken to your pediatrician?" Mother speaks, "yes he's had a complete physical examination and Dr. S says he needs a child psychiatrist. He's given me names to call but no one has any time available." Dr. Teal speaks, "I certainly agree he needs a child psychiatric assessment as soon as possible unfortunately I have no time in my practice. I have a long waiting list and I just can't put any more people on it. Let me give you names of other child psychiatrists in the area who might have openings." Mother starts crying, "I've called every child psychiatrist in the phone book, over twenty people and none of them have any time." But please give me the names possibly there is someone I haven't tried." Dr. Teal gives a list of four names. Mother, "oh that's a new one. Thanks so much." Phone hangs up. Dr. Teal feels like crying.

Child Psychiatrist members of the California Psychiatric Association, Children's Committee and the California Academy of Child and Adolescent Psychiatry have been experiencing situations like the one above for the last four or five years and find it is getting worse. In the public sector Community Mental Health Clinics have experienced severe problems in recruiting child psychiatrists. There are more seriously disturbed children and fewer child psychiatrists being trained. In 1990 COGME reported the nation would need more than 30,000 child and adolescent psychiatrists by 2000. There are currently only 6300 fully trained child and adolescent psychiatrists in the United States.(A.M.A., 1999, U.S. Bureau of Health Professions, 2000). Training programs have been eliminated or downsized in the last ten years in California. The California Graduate Medical Educational Programs 1996-97 lists nine training programs with a potential to graduate 37 child psychiatrist a year. Three are in Northern California and can graduate only 16 child psychiatrists per year. There are just not enough child psychiatrists and we're not training enough to meet current or future needs. Why is this happening?

The reasons are complex.. They include Child Psychiatry being caught in national medical training policy to decrease specialists and increase primary care physicians even though Child Psychiatry has been designated as undermanned. The Balanced Budget Act of 1997 reduced direct Graduate Medical Educational funding by 50% for subspecialty training beyond the primary specialty board eligibility. Recruitment has been difficult due to under exposure of medical students to clinical work in the field. It requires two additional years of training and pay is relatively low compared to other medical specialties on completion of training. Government funding for training programs and Medicare reimbursement has been cut. Managed care companies have increased administrative time and cost and narrowed their definition of professional competence. For example some companies won't pay for child psychiatrists who are trained psychotherapists to do psychotherapy. There is constant pressure to justify needed visits with time consuming paperwork. The frustration of doing private practice has led to child

psychiatrists looking for other options such as leaving the field for early retirement, moving to the public sector or leaving California.

Recognizing the complexity of finding solutions for the shortage of child psychiatrists in California, The California Academy of Child and Adolescent Psychiatry and the California Psychiatric Association are taking an advocacy role in seeking remedies. We are proposing a working conference to develop a plan for increasing the numbers of and access to child psychiatrists in California. We see our role as taking the initiative to convene the political strategists, educators, mental health professionals, primary care physicians and child advocates to reverse this trend and to make sure there are good child psychiatric services for all the youth of California who need them.

The conference is tentatively being planned for January 2002. Anyone with ideas or suggestions please forward them to the CPA office.

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