



Increasing the Child and Adolescent Psychiatry Workforce

ISSUE

There are not enough child and adolescent psychiatrists to meet the growing demand for mental health subspecialty care for children and adolescents in the U.S.

BACKGROUND

- 13-20% of U.S. children have been diagnosed with a mental health disorder; only 15-25% of U.S. children with a psychiatric disorder receive specialty care.
- The number of adolescents reporting poor mental health is increasing; 44% increase in youth who reported making a suicide plan since 2009.
- There are 14 child and adolescent psychiatrists for every 100,000 children in the U.S.; estimated need is 47 child and adolescent psychiatrists for every 100,000 children in the U.S.
- 91% of U.S. counties have a severe shortage of child and adolescent psychiatrists.
- 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, often incurring up to \$300,000 in student loan debt.
- International medical graduates (IMGs) make up about 29% of all psychiatrists practicing in the United States.
- The Conrad State 30 allows international resident physicians who complete their medical training in the U.S. to forgo the requirement of returning to their country of origin if they are willing to work in a medically underserved community. This program is especially important for child and adolescent psychiatry given the large percentage of the workforce who are foreign born.

SOLUTIONS

- Student loan debt relief is an incentive strategy that encourages more medical students and psychiatry residents to pursue careers in child and adolescent psychiatry and enables new and early career child and adolescent psychiatrists to practice in areas underserved by subspecialty physicians.
- Reimbursement parity between child and adolescent psychiatrists and their non psychiatrist physician peers would increase child and adolescent psychiatrists' participation in public and private insurance networks.



CONGRESSIONAL REQUEST

Support student loan repayment programs for pediatric mental health providers, including child and adolescent psychiatrists, and extend the Conrad 30 program to bolster the physician workforce with U.S.-trained international medical graduates.

HOUSE: AACAP urges the House to introduce a companion bill to the Senate “Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023.”

SENATE: Support S. 462, introduced by Sens. Tina Smith (D-MN), Lisa Murkowski (R-AK), and Maggie Hassan (D-NH), “Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023.” This legislation would:

- Support an existing Health Resources and Services Administration (HRSA) student loan repayment program to repay up to \$250,000 in eligible student loan repayment for mental health professionals who work in mental health professional shortage areas.

SENATE: Support S. 665, introduced by Sens. Amy Klobuchar (D-MN), Susan Collins (R-ME), Jacky Rosen (D-NV), and Thom Tillis (R-NC), “Conrad State 30 and Physician Access Reauthorization Act.” This legislation would:

- Extend the Conrad 30 program for three years;
- Allow international doctors to remain in the U.S., if they work in federally designated shortage and underserved areas; and
- Increase state waiver allocations to 35 physicians from 30 per year with a path for states to gain additional waivers.

APPROPRIATIONS REQUEST

AACAP requests **\$20 million to support the Pediatric Subspecialty Loan Repayment Program (PSLRP), Section 775 of the Public Health Service Act.**

- This investment will allow HRSA to bolster this program and begin to address subspecialty child mental health provider shortages in communities nationwide.