

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48

Title: Improve Access to Pediatric Psychiatry
Introduced by: Annette Mercatante, MD, for the St. Clair County Delegation
Original Author: Daniel Wilhelm, MD
Referred To: Reference Committee A
House Action: **APPROVED AS AMENDED**

Whereas, a recent study found that 17.6 percent of children and adolescents in Michigan have been diagnosed with one of the three disorders studied - depression, anxiety, and ADHD, and

Whereas, of those, approximately 100,000 kids and teens in the state (approximately 40 percent) were not getting mental health treatment, and

Whereas, the state had a total of just 239 psychiatrists trained to treat children and adolescents in 2017, according to the American Academy of Child and Adolescent Psychiatrists; which works out to just 11 psychiatrists for every 100,000 children across the state, and

Whereas, more than half of Michigan’s counties, 65 in total, have zero child and adolescent psychiatrists, and

Whereas, the under treatment of these illnesses is likely catastrophic for a child’s trajectory in life, and

Whereas, the shortage of child and adolescent psychiatrists means pediatricians and other primary care providers often end up being the ones treating children and teens for their mental health issues, and

Whereas, the Michigan Child Care Collaborative (MC3) provides psychiatry support to primary care providers in Michigan who are managing patients with mild to moderate behavioral health problems including children, adolescents, and young adults through age 26, and women who are contemplating pregnancy, pregnant, or postpartum with children up to a year, and

Whereas, psychiatrists are available through MC3 to offer guidance on diagnoses, medications, and psychotherapy interventions so that primary care providers can better manage patients in their practices, and

Whereas, such support is available through educational phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry, and

Whereas, one study indicated that the percentage of children residing in states with statewide child psychiatric telephone access programs who received mental health services was

49 significantly higher than the percentage of children residing in states with no such programs;
50 therefore be it

51
52 RESOLVED: That MSMS communicate with primary care providers to become familiar with
53 and utilize Michigan Child Care Collaborative (a.k.a., MC3) services; and be it further

54
55 RESOLVED: That MSMS work with appropriate stakeholders to expand pediatric mental
56 health capacity in the state.

57
58 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$2,000-\$4,000 for collaborative outreach efforts.

Relevant MSMS Policy:

Support for Mental Health Reform in Michigan

MSMS supports efforts to improve mental health services in Michigan, including those that address mental health disparities, promote interdepartmental coordination and shared accountability, and provide greater access to timely outpatient treatment, crisis intervention, specialty behavioral health services, inpatient psychiatric hospitalizations and other medically necessary related therapies.

Relevant AMA Policy:

Statement of Principles on Mental Health H-345.999

(1) Tremendous strides have already been made in improving the care and treatment of patients with psychiatric illness, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat psychiatric illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.

(2) The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.

(3) The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

(4) The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.

Addressing the Shortage of Child and Adolescent Psychiatrists D-200.978

Our AMA will: (1) ask the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to provide data on requests for National Health Service Corps deferments to allow completion of training in child and adolescent psychiatry; 2) call upon the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to amend current policy to allow National Health Service Corps scholars to complete their training in the underserved specialty of child and adolescent psychiatry prior to the commencement of initial practice assignments; and (3) call upon the Office of the Secretary of Health and Human Services and the Department of Health Resources and Services Administration to amend current policy to allow National Health Service Corps scholars to complete their training in any specialty where there is a shortage of that specialty in designated Health Professional Shortage Areas prior to the commencement of initial practice assignments.

Sources:

1. Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389-391.
2. Kim WJ, American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs. Child and adolescent psychiatry workforce: A critical shortage and national challenge. *Acad Psychiatry.* 2003;27:277-82.
3. <https://mc3.depressioncenter.org/>
4. A National Examination of Child Psychiatric Telephone Consultation Programs "Impact on Children" Mental Health Care Utilization. Stein, Bradley D. et al. *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 58, Issue 10, 1016 - 1019