

Reports

Creating a Child and Adolescent Psychiatry Organization for Medical Students

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Background: We developed CAP+ (Child and Adolescent Psychiatry Plus), a student organization dedicated to help students discover their specialty interests, successfully match into psychiatry/CAP, foster community outreach, and increase awareness about local mental health resources.

Methods: CAP+ hosted six lecture events and organized four service events. CAP+ created our school's first psychiatry mentorship program between senior medical students and junior students and hosted a mentorship game night. Additionally, CAP+ organized clinic shadowing in developmental psychiatry to increase awareness of CAP and provide mentorship opportunities for pre-clerkship students.

Results: CAP+ has members in the email list (n=46) and GroupMe chat (n=74). The mentorship program consisted of 11 mentorship pairs (8 mentors, 11 mentees), with three mentors taking two mentees. Speaker events featured IM/Psychiatry, Psychiatry/Pediatrics/CAP, and CAP. Positive feedback was obtained regarding developmental psychiatry shadowing. Through community outreach, we distributed local mental health resources and engaged children and families in emotional labeling.

Conclusion: We hope to continue to create a supportive environment to engage trainees in CAP and community outreach.

During my second year of medical school in my home state of Texas, I attended a lecture about child and adolescent psychiatry (CAP). I was shocked to learn about the extremely low child psychiatrist-to-child ratio in Texas, the lack of child psychiatrists in more than 200 Texas counties, and the incredibly long wait times for child psychiatry availability. With an aging workforce of child and adolescent psychiatrists, the shortage will likely only worsen in the coming years and may have devastating impacts on pediatric mental health care. From that point, I felt compelled to address this shortage by increasing exposure to CAP in my medical school, hoping to encourage more trainees to consider this specialty. In this article, I describe the formation of a medical student-led organization for CAP and summarize some of our programming to encourage other medical schools to form similar organizations.

As my third year of medical school concluded, my colleagues and I decided to create an extracurricular organization dedicated to increasing awareness of CAP for the 2023–2024 academic year. We named the organization CAP+ (Child and Adolescent Psychiatry Plus) and designed

the organization around the following goals: (1) foster engagement among medical students in the realm of CAP; (2) help students discover their specialty interests within psychiatry; (3) encourage students to consider CAP as a potential career; and (4) provide CAP opportunities in research, service, and mentorship. Additionally, we aimed to increase education about local mental health resources for children and families within our community. Since starting this organization, we have found that a CAP-specific group can be helpful to students in several ways, making the case for other medical schools to form something similar.

With our 74 medical student members, we have hosted 8 general meetings, which included research workshops, application workshops, match panels, mentorship socials, and speaker events with CAP faculty and fellows. In addition to monthly meetings, we sought to create a space that fostered mentorship between students at different stages of training. To this end, we created our school's first psychiatry mentorship program between senior medical students (third- and fourth-year students) and junior students (first- and second-year students). We hosted a mentorship game



night in the fall semester to encourage interaction and collaboration between mentorship pairs. Additionally, we organized a clinic shadowing opportunity in developmental psychiatry to increase awareness of CAP and provide mentorship for pre-clerkship students.

We also engaged in community outreach events to increase education about youth mental health. One such event was at the local community farmers market, Galveston's Own Farmers Market. There we discussed the concept of stress and created stress balls with children and their families, in addition to providing children and their families with a flyer describing local mental health resources. At our medical school's Halloween Carnival, we organized a photo booth and provided mental health resources to children and family attendees. Finally, we organized a booth at a community and family health fair, where we discussed child mental health through a "feelings wheel" activity and provided local mental health resources for children and adolescents.

Reflecting on this year, we are ecstatic to see the strong interest in CAP within our institution. As this was our inaugural year as an organization, we hope to continue creating a supportive environment for trainees to increase opportunities in mentorship, community outreach, research, and networking. Although we had strong attendance at our meetings in the fall semester, recruiting members to in-person events in the spring proved more difficult. Future improvements could include advertising events in a more engaging manner, such as with various social media platforms. Additionally, many members reported that they were not aware of our mentorship program at the year-end meeting. Thus we plan to advertise the mentorship program more heavily and for a longer period of time to increase involvement.

For medical students interested in creating similar organizations and events about CAP, we strongly recommend finding a child and adolescent psychiatrist supervisor to begin the process. We also recommend that students become involved in the AACAP Medical Students and Residents Committee, which is key to obtaining information on mentorship, research, and more in this field. Encouraging trainees to join AACAP or create a CAP-specific organization can cultivate more interest in the field, as trainees will receive support and guidance as to whether this specialty is a good fit. Such support systems for trainees early in their education will be critical in addressing this country's CAP workforce shortages.

Take Home Summary

In response to the workforce shortage of child and adolescent psychiatrists, medical students created an organization to increase awareness of child and adolescent psychiatry through lectures, mentorship, and community outreach. They stress the importance of establishing similar organizations throughout the country.

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