Building an Advocacy Toolkit

2020 has been a year like no other. With COVID-19, racial injustice, natural disasters, and political discord, it is expected that there will be significant impacts to the mental health of children and adolescents. It is becoming clear that the role of child psychiatrists now includes advocacy to fully be able to address the mental health of children. The recognition of this need has prompted the *JAACAP Connect* Editorial Board to dedicate 3 upcoming issues to themes of advocacy, system changes due to COVID-19, and racism.

This issue is focused on the child and adolescent psychiatrist as an advocate. Often times, what colleagues say limits them from participating in advocacy is being unprepared. They are not experts in health care policy, the workings of insurance companies, or health care finance. This can make talking to a legislator or insurance company intimidating. It also might deter a child and adolescent psychiatrist (CAP) from joining a board or taking on leadership due to fear of not knowing enough about these topics. What most CAPs would agree is that we know child and adolescent mental health, and we have plenty of stories to show where systems have let our patients and families down. Those who are most involved in advocacy will reinforce the importance of these stories to highlight the problem to those who haven't had that experience. Recognizing that the lack of knowledge is often what stops a CAP from taking steps to advocate leads to the development of this issue. Think of it as a resource guide, providing the map and talking points to address significant systemic issues in child and adolescent psychiatry with a legislator, insurance company, or anyone else that needs to listen. The evidence base that exists in this issue intends to supplement the stories you know so well to prepare any reader to dive headfirst into the world of advocacy.

This advocacy themed issue starts with a *Lab to Smartphone* by Dr. Rettew that guides us through the balance of advocate and clinician, showing us that this is not always easy, but it is possible. Dr. Sagot investigates the advocacy training provided to CAPs as compared to other physicians through an in-depth literature search. It has always been hard for people to get coverage to see CAPs, but mental health parity laws were meant to equal the playing field between physical and mental health. As Drs. Morgan and Rogers highlight, there is still significant advocacy required to ensure true mental health parity. The topic of prior authorizations continues to be an area of frustration for CAPs and patients. Drs. Sica and Koss provide the framework to be prepared to advocate to legislators and insurers to address this systemic issue that frequently impairs care for patients and decision making of CAPs. Drs. Abidi and Arroyo identify a population that requires increased advocacy: youth who are experiencing homelessness. Drs. Wagner and Peirce finish off these articles by going through the role of a political action committee (PAC) in advocacy. Featured next is the second edition of *Connect* Corner with a focus on an important subject for any advocate: resilience. Finally, we end this issue with 3 *CLiPPS* touching on topics of keen advocacy interest.

Our patients and their families need us to step up. We must raise our voices for systemic changes to improve the care they can access and receive. If reading this issue leads to you attending your first legislative day, calling your legislator, joining a committee, or volunteering for an advocacy group, or anything else, please reach out to *Connect* to let us know how it went.

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