The Child and Adolescent Psychiatrist as an Advocate: How to Fill the Growing Need Amidst Rapidly Evolving Health Policy Changes and Reform Through Training and Beyond

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There are many roles that child and adolescent psychiatrists are asked to play in the care of patients in their charge. Providing needed services to the vast numbers of child and adolescent populations is a daunting task in-and-of itself, especially considering that the current estimates of practicing providers is approximately 8,000 in the United States.[1] The need for more providers is overwhelming. Published data estimates 20% of US children and adolescents (15 million), ages 9 to 17, have diagnosable psychiatric disorders.[2] Given the limited number of providers and the ever-growing patient population they are asked to serve, the few providers that are specialty-trained are facing an uphill battle. Of the 8,000 practicing providers, many are based in geographic regions with specific metropolitan areas that contain more providers than the entirety of some states, such as Rhode Island or Delaware. This dramatically limits patient access to care.[3] One way to address a resource shortage and lack of access to mental health care is through advocacy. Research has shown that networking, interacting with members of the government, and raising awareness of mental health needs can lead to better training, service delivery, and mental health policy.[4] Due to the shortage of trained child and adolescent psychiatrists, the demand for both quality clinical care and effective advocacy is a responsibility that must be shared by all. Child and adolescent psychiatrists can lend credibility and expertise to advocacy groups seeking to improve access to quality care.

The American Medical Association (AMA) stated in its Declaration of Professional Responsibilities that physicians must "advocate for the social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being."[5] This urgent need has been met in pediatric residencies in the US through the Milestones Initiative Project and the American Academy of Pediatrics (AAP) by including mandated core competencies through the Accreditation Council of Graduate Medical Education (ACGME).[6,7]

Child and adolescent psychiatrists of all levels of experience could benefit from advocacy training. One place to begin is by including advocacy curricula in general psychiatry residencies and psychiatry fellowships. Fellowship programs offer a unique forum to increase training, comfort, and expertise of physician advocates. Advocacy curricula in training programs will better enable graduates to have an effective understanding of health care and policy advocacy, its exigent importance, and their capacity to be agents of change for child and adolescent populations. Additional strategies would include continuing medical education courses, didactic conferences, advocacy conference days, and programs offered by professional organizations.

1) What It Means to be a Physician Advocate as a Mental Health Provider

While there is no consensus definition completely applicable, varying definitions have been offered by different specialties, accreditation bodies, and professional organizations that contain commonalities helpful to discuss and understand what it means to be a physician advocate as a mental health provider. Descriptions of advocacy from both the American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP) include the elements of education, engaging lawmakers, improving mental

health policies, and increasing quality mental health services.[8,9]

Advocacy in psychiatry is more than just community psychiatry, as it includes promoting psychosocial education, reducing stigma, increasing access to mental health care and seeking additional treatment, research, and education resources. These authors define the role of the physician advocate to encompass purposeful action to affect change, identify social determinants of health adversely impacting individuals and communities, and use expertise to inform decision-makers who may address community and system-level issues through legislative action.[10] Being a physician advocate in child and adolescent psychiatry means using any of these ways to advocate for patients, reduce stigma, educate the public, and improve access to health care.

In child and adolescent psychiatry, the application and proper understanding of this role is critical. There is current legislative action impacting access to care through parity of mental health services and scope of practice that will impact patients and child and adolescent psychiatrists. As they are not able to vote and their voice is removed from the political and legislative process, children and teenagers are at a disadvantage.[11] Child and adolescent psychiatrists have the knowledge base to provide a unique vantage point to educate policy makers about the mental health of children, scientific evidence, and clinical experience in an attempt to affect change. By taking an oath to do no harm, it is our duty to use our knowledge to advocate that legislation is in the best interest of children's mental health. As physicians we educate about mental illness, we present the scientific evidence, we translate the science so that the information is accessible to lawmakers, and we offer clinical anecdotes to illustrate impact of policy. In order to do this effectively, it is imperative that child and adolescent psychiatrists learn how to navigate systems of care, develop skills for communicating with legislators, and cultivate a deeper understanding of how federal, state, and local laws impact their patient populations.

2) Effects From Efforts in Advocacy for Child and Adolescent Populations

Pediatric physician organizations have been working towards legislative changes since the late 19th century. There are countless examples of these physician-driven efforts impacting the welfare and wellbeing of children. A notable example is the physician-led effort behind passing the Sheppard-Towner Maternity and Infancy Protection Act of 1921, which provided states federal funding specifically allocated to establish programs to inform people about prenatal health and child welfare.[11] Additionally, the reinstatement of the Children's Health Insurance Program (CHIP) was heavily influenced by physician advocates. CHIP is a federal program that relies on shared funding from the states to provide health insurance to children in low-income families that earn too much to qualify for Medicaid.

Physicians have continued to address issues impacting the health issues of children over the years. AACAP is one avenue for psychiatrists to engage in ongoing advocacy. AACAP has effectively advocated for protecting the Affordable Care Act, passing the 21st Century Cures Act (which included the Mental Health Reform Act of 2016), delaying CMS billing and coding changes, and increasing the funding for NIH-sponsored research in the appropriations process in the US Congress. The AACAP Government Affairs team relies on child and adolescent psychiatrists to be content experts that drive the advocacy and inform policy recommendations.

3) Becoming an Effective Advocate

Education on the strategies to effectively communicate with legislators, how to reach those that can impact the legislators, and identifying health and social determinants that negatively affect patients can help improve the quality of physician driven advocacy and increase the confidence of physician-advocates.[12]

It is important to understand that there is data on how best to communicate with legislators. A study of nearly 200 former and current Congressional staffers reported on their experiences with citizen-driven advocacy efforts.[13] Several common truisms come to

mind regarding advocacy as discussed by this study. "All politics is local," is an example described by former Speaker of the House Tip O'Neil and universally applies no matter the advocacy topic. This means that the success of a politician is directly tied to their ability to address and influence the concerns of their constituents. Understanding this will better enable mental health advocates to affect change. "Forming relationships with lawmakers' staff members is critical," as these individuals are the gatekeepers to the legislators and must not go unrecognized or undervalued. Influence from local constituents through "in-person" visits were considered to have a positive impact on the legislator by 94% of reporters (n = 192).[13]

4) Building Future Advocates for Child and Adolescent Psychiatry Fellows and Beyond

There are many options for incorporating advocacy training into fellowship curricula: didactics focused on health policy, lectures reviewing current mental health legislation, research electives dedicated to public health or systems level issues, small group projects aimed at affecting change, and electives that use hands-on learning to teach about effective advocacy techniques. Using blocked rotations, small group projects, modular learning, and experiential learning techniques are all successful means to better inform trainings on health systems. One way that residency programs teach advocacy is through exposure to community health rotations. Goldshore *et. al* found that pediatric residents who were exposed to community health rotations were more likely to anticipate future involvement in community health.[14] This indicates that exposure to types of advocacy and community health in training increases the possibility that trainees will continue with advocacy and community health after graduation. Rotations including writing and delivering testimony before a legislative body, taking meetings with legislators, or joining work groups with state Medicaid administrators are all wonderful learning opportunities for a budding advocate.

Furthermore, advocacy education can be helpful for psychiatrists at every stage of their career. There are numerous opportunities for trainees, early career psychiatrists, and more seasoned psychiatrists to begin their advocacy careers that do not rely on a training program. Attending the AACAP **Legislative Conference** is an ideal starting place. It is held annually each spring in Washington DC, and the general program is free to members. This conference provides excellent opportunities for experiential learning through didactic lectures, forming relationships with other members, and meeting with staff of different Senate and Congressional offices. Expenses are always a concern during training, but both AACAP and the regional organizations offer the **Advocacy Ambassador Program** and travel grants to defray costs to help trainees attend.

Many training programs allow fellows to create their own electives, including those related to advocacy and health policy. Child and adolescent fellows across the country have created electives involving writing research papers on the state of the mental health care system in their state, partnering with local organized medicine to advocate for improved mental health access in their state, and joining local committees for advising Medicaid administrators and managed care organizations. In addition, AACAP sponsors the **Resident Scholar Fellowship**, which is awarded to deserving applicants during their Child and Adolescent Psychiatry Fellowship. The Resident Scholar program comprises a four week elective in Washington, DC in which awardees have the opportunity to work closely with the staff from the AACAP Department of Government Affairs. During this elective, fellows will work on legislative issues, attend meetings with coalition partners, and learn to advocate directly with congressional offices. While established psychiatrists will not get elective credit for advocating in these ways, attending psychiatrists may still help further the cause of mental health care for their patients by writing editorials, joining legislative committees, and meeting regularly with their local representatives.

Learning from your local organized medicine association is also a helpful way to begin to advocate, regardless of career stage. Many local branches of the AMA, APA, AACAP, AAP, etc. have legislative committees,

government affairs staff, or even lobbyists who can help guide those first starting out in the world of health policy. Residents and fellows can join these organizations as representatives from their institutions. Early Career Psychiatrists can join as an ECP representative or join committees dedicated to advocacy and furthering systems of care. Organized medicine is not the only way to earn advocacy chops. Patient groups and other advocacy groups (such as National Alliance on Mental Illness, Mental Health America, and Autism Speaks) are also great avenues for volunteer work and learning the advocacy ropes.

Conclusion

Child and adolescent psychiatrists are well positioned to advocate for our patients and provide education and clinical expertise to legislators, administrators, and regulators. As physicians, psychiatrists have an opportunity to influence legislation that directly impacts patient access to mental health care, serve as thoughtful leaders in health care reform, and stand up for evidence-based medicine. All psychiatrists and physicians in general need to be informed of the professional obligation to advocate for their patients and undergo training to be effective agents of change. Given this workforce shortage, we do not have the luxury to rely only on those choosing to involve themselves, or on professional organizations alone to accomplish this task. We need to instill urgency for all child psychiatrists in all stages of their career to participate and become stronger advocates. We must accomplish the ultimate goal: to make "more sustainable and resilient physicians with a sense of agency to affect change."[15]

Take Home Summary

Children and adolescents are at a disadvantage compared to adult patient populations in their ability for agency, organization, and execution of advocacy driven efforts. We must be prepared to do so on their behalf.

References

1. Kim WJ. Child and adolescent psychiatry workforce: a critical shortage and national challenge. *Academic Psychiatry*. 2003; 27(4):277-282.
2. Perou R, Bitsko RH, Blumberg SJ, *et al*. Mental health surveillance among children—United States, 2005–2011. *MMWR Surveill Summ*. 2013; 62(Suppl 2):1-35.
3. Thomas CR, Holzer CE. The continuing shortage of child and adolescent psychiatrists. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2006;45(9):1023-1031
4. Hann K, Pearson H, Campbell D, Sesay D, Eaton J. Factors for success in mental health advocacy. *Global Health Action*. 2015;17(8):28791. doi: 10.3402/gha.v8.28791.
5. American Medical Association. Declaration of professional responsibility: medicine's social contract with humanity. *Missouri Medicine*. 2002;99(5):195.
6. Solomon BS, Minkovitz CS, Mettrick JE, Carraccio C. Training in community pediatrics: a national survey of program directors. *Ambulatory Pediatrics*. 2004;4(6):476-481.
7. Accreditation Council for Graduate Medical Education. Residency Review Committee for Pediatrics. *Program Requirements for Residency Education in Pediatrics*. 2017.
8. Get involved with advocacy & APAPAC. American Psychiatric Association. https://www.psychiatry.org/advocacy-apapac. Accessed April 20, 2019.
9. AACAP Legislative Activities. American Academy of Child & Adolescents Psychiatry Web site. https://www.aacap.org/aacap/advocacy/Home.aspx. Accessed April 20, 2019.
10. Oandasan IF. Health advocacy: bringing clarity to educators through the voices of physician health advocates. *Academic Medicine*. 2005;80(10):S38-S41.
11. Oberg CN. Pediatric advocacy: yesterday, today, and tomorrow. *Pediatrics*. 2003;112(2):406-409
12. Roth EJ, Barreto P, Sherritt L, Palfrey JS, Risko W, Knight JR. A New, Experiential Curriculum in Child Advocacy for Pediatric Residents. *Ambulatory Pediatrics*. 2004;4(5):418-423.
13. Communicating with Congress: perceptions of citizen advocacy on Capitol Hill. Congress Foundation Web site. http://www.congressfoundation.org/storage/documents/CMF_Pubs/cwc-perceptions-of-citizen-advocacy.pdf. Accessed December 23, 2017.
14. Goldshore MA, Solomon BS, Downs SM, Pan R, Minkovitz CS. Residency exposures and anticipated future involvement in community settings. *Academic Pediatrics*. 2014;14(4):341-347.
15. Coutinho AJ, Dakis KE. Incorporating Advocacy Training to Decrease Burnout. *Academic Medicine*. 2017;92(7):905.

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