

## SHRINK THE SHORTAGE

Even if pediatricians could be trained to handle routine cases, experts say, the lack of true mental health professionals—particularly in rural areas—is concerning. One solution, then, seems obvious: train more child psychiatrists and send them where they're needed.

Mary Gabriel, M.D., practiced as a pediatrician for nine years. But she realized that her training hadn't prepared her to deal with the mental health issues she faced on a regular basis. Anything beyond "very basic issues, like ADHD or simple depression," she said, seemed above her skillset.

She went back to school to specialize in psychiatry, but saw that the seven-year process was onerous for pediatricians like herself who discovered their passion for mental health later in their career. So, she instead enrolled in the Post Pediatric Portal Program (PPPP) at Case Western Reserve Hospital in Cleveland, Ohio, which aims to train pediatricians to become child psychiatrists in three years.

The PPPP trains pediatricians in both child and adult psychiatry. "Most [graduates] go into child psychiatry," Gabriel said. "Some practice both pediatrics and psychiatry." One recent graduate went into practice in rural Nebraska—becoming the only child psychiatrist serving a vast area of the state. —D.F.

provides real-time phone consultations and referrals to doctors by pediatricians who are faced with challenging cases.

If a patient comes in with ADHD-like symptoms, for instance, the doctor can call CAP PC's toll-free number and be immediately connected with a child psychiatrist, who can help work through the diagnosis. If the child is presenting more severe symptoms, CAP PC will connect the pediatrician to the nearest mental health professional who is equipped to handle, say, schizophrenia. In some cases, CAP PC will provide face-to-face evaluations.

"We'll see a kid who we think—with a little more specific direction—a primary-care person would feel capable of managing," Kaye said. As doctors build competence, they'll start to make diagnoses and treatment decisions independently.

"Formal education and phone consultation support really work synergistically," Kaye said—and access to the latter is growing exponentially. So far, 25 states have consultation programs similar to New York's CAP PC. Each state's contact information is available at [nncpap.org](http://nncpap.org).

## Looking Forward

No matter how many practicing pediatricians are trained, however, it won't be enough to solve the crisis, since about 2,000 pediatricians graduate from medical school annually. Many experts agree that changes in the medical school curriculum must be made, so that new graduates will have the training to work with patients in their practice.

"Training programs have to change to reflect what happens in a pediatrician's practice," Jensen said. "If every one of our doctors in pediatric residencies were coming out with the same kind of training we're doing for practicing doctors, the country would change dramatically in the next 10 years."

Changing the medical school curriculum is a

"complicated food fight," Kaye said. "Every [specialty] is...saying, 'We need more of this.'" But as the medical community begins to recognize mental health's importance, he said, pediatric programs are taking steps to implement a new model of care. Rainbow Babies and Children's Hospital in Cleveland, Ohio, for instance, introduced a mental health track for pediatric residents—allowing them to integrate mental health into their practice right away.

A lot of this work, though, is happening "under the surface," Gabriel said—and it's hard for parents to take the long view when their child is struggling now. Berger, for instance, never got a diagnosis from a pediatrician, or from any other medical professional. In desperation, she enrolled Nadia in a research study at the University of South Florida (USF). She waited for more than a year, but the results—which secured diagnoses of ADHD, anxiety, and dyslexia—were worth it, Berger said. "Once I had a piece

of paper that said, "These are her issues," Nadia was able to get much-needed support and treatment.

Nadia still struggles, and "it was frustrating that it took so many years," Berger said. The most discouraging part was the reluctance of anyone to step up. "I've been told it's 'not my job.'"

But it could be, Kaye said—and should be. "As we integrate physical and mental health," he said, "we're breaking down some of the silos. Asthma used to be taken care of only by pulmonary specialists—now, it's part of bread-and-butter primary care."

Basic mental health, he said, "should be bread-and-butter primary care," too. When we reach that point, "We'll be making inroads on a much bigger scale." ▣

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