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Abstract

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Assessing the Child Mental Health Physician Workforce in a Time of Crisis: Patterns of Physician Delivered Mental Health Services for Youth

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Introduction

Youth in the U.S. are currently undergoing a population mental health crisis. In October 2021, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national emergency in child and adolescent mental health. Nevertheless, there is limited understanding of how, where and why children access outpatient physician mental health services. Understanding these treatment patterns can inform efforts to improve access to pediatric mental health services.

Methods

The National Ambulatory Medical Care Survey (NAMCS) from 2005 to 2019 was used to characterize mental health treatment of children by physicians. The NAMCS is a yearly nationally representative survey of non-federally employed office-based physician visits. Patient visits for children ages 4 to 17 years of age were identified if a mental health diagnosis was addressed in the visit. Descriptive data described demographic trends in pediatric mental health visits, including differences between primary care providers (PCPs) and psychiatrists. Data on physician specialty were only available for years up to 2015.

Key Findings

From 2005-2011, 9.2% of all pediatric visits in the U.S. addressed a mental illness. This figure increased to 13.4% from 2012-2019, a 46% increase. Pediatric visits where mental illness was treated were more likely to involve patients who were male, non-Hispanic White, adolescent aged (13-17 years), and urban dwelling compared to visits that did not address mental illness. From 2005 to 2015, there was a decrease in the percentage of mental health visits that performed by PCPs and an increase in the percentage of mental health visits conducted by psychiatrists. Psychiatrists were less likely than PCPs to accept Medicaid or private insurance for payment. Compared to PCPs, psychiatrists were more likely to be in urban settings and in the Northeast and Western regions of the U.S.

Discussion and Policy Implications

The percent of pediatric visits with physicians where mental illness was address has increased substantially in recent years, consistent with population health data suggesting increasing rates of pediatric mental illness and service use. Demographic groups with highest rates of pediatric

mental health visits did not correspond to groups with highest mental health needs according to population health data, suggesting substantial disparities in racial, ethnic, and gender treatment access. For instance, in this study, urban-dwelling non-Hispanic White youth were more likely to have mental health needs addressed in pediatric visits. Yet, Black and rural-dwelling youth have similar or higher mental health needs than their White and urban-dwelling counterparts, respectively. Psychiatrists accounted for an increasing percentage of pediatric mental health visits over time, potentially reflecting increasing concentration of child psychiatrists in certain areas of U.S. However, psychiatrists were disproportionately geographically maldistributed and were less likely to accept Medicaid or private insurance as payment compared to PCPs, representing barriers to treatment access for vulnerable groups. Study findings suggest investing in collaborative care and tele-consult models, increasing psychiatrist participation in insurance and Medicaid, and incentivizing psychiatrist practice in rural and underserved communities may increase access to mental health care for youth.

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