CHILD PSYCHIATRY AND PEDIATRICS AS BFFS: HAS THE TIME COME?

WHY PEDIATRIC PRIMARY CARE IS, MUST, AND WILL BE FOUNDATIONAL IN ADDRESSING THE MENTAL HEALTH NEEDS OF CHILDREN AND ADOLESCENTS

AACAP Simon Wile Symposium
10/28/21

Psychiatry Grand Rounds
January 7, 2022

David L. Kaye MD, Professor of Psychiatry

Jacobs School of Medicine and Biomedical Sciences
University at Buffalo
# Disclosures of Potential Conflicts

<table>
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<tr>
<th>Source</th>
<th>Research Funding</th>
<th>Advisor / Consultant</th>
<th>Employee</th>
<th>Speakers’ Bureau</th>
<th>Books, Intellectual Property</th>
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Agenda

1. Review the highlights of the history of pediatrics and child/adolescent psychiatry in the US and the long and winding road of their relationship
2. Understand the context of the development of each field
3. Define the similarities and differences between the two fields
4. Recognize the reasons that better public mental health requires concerted and coordinated efforts from both fields
5. New models of collaboration have emerged and have been successful and well received by patients, families, PPCCs, and CAPs
Elizabeth Blackwell MD
Abraham Jacobi MD: Father of Pediatrics
1830-1919
It is not enough, however, to work at the individual bedside in the hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures. He is the legitimate advisor to the judge and jury, and a seat for the physician in the councils of the republic is what the people have a right to demand.

Abraham Jacobi MD
Late 1800’s-1920s

• First Children’s hospital (CHOP) 1855; first clinics 1860s
• Society for Prevention of Cruelty to Children 1874 (Animals 1824)
• Koch and Pasteur Germ theory 1870s
• Telephone 1877
• Electrical power 1880s
• American Pediatric Society 1889
• Water chlorinated 1908 (Jersey City)
• First child guidance clinic, Chicago Juv. Psychopathic Institute (W Healy) 1909
• Automobile invented 1910
• Pasteurization of milk required 1910
• Yale Child Study Center started 1911 (Arnold Gesell MD first Director)
• First commercial air travel 1914
• Great migration of African Americans 1915
• Compulsory education 1918
• Women’s right to vote 1920
Focus of Early Pediatrics: Social Factors and High Infant/Child Mortality

1900 USA
- 17% infant mortality (higher in some places and earlier)
- 14% child mortality (1-4)

In 1900, pneumonia and influenza, tuberculosis, and enteritis with diarrhea were the three leading causes of death in the United States, and children under 5 accounted for 40 percent of all deaths from these infections.

Infant Mortality USA 1895-1945

Under 1 y Mortality (per 1000 population)

Infant Mortality (per 1000 Live Births)
Infant mortality rate (under one year old) in the United States

Deaths per 1,000 live births

© Statista 2021
Child mortality rate (under five years old) in the United States
Factors in Drops in Infant and Child Mortality Early 20th century

- Safe drinking water
- Sewerage disposal
- Pasteurization of milk
- Better nutrition
Focus in Early Child Psychiatry:
Psychological Factors and Juvenile Delinquents

William Healy MD,
Chicago Juvenile Psychopathic Institute
1920s-40s

- Continued drops in infant and even more in child mortality
- First health insurance 1929
- American Academy of Pediatrics founded 1930
- American Board of Pediatrics 1931
- Leo Kanner MD establishes first CAP clinic within university pediatric clinic (Harriet Lane Home) 1930
- First English textbook of child psychiatry, Leo Kanner MD 1935
- Rise of the child guidance movement
- Penicillin invented 1946
- 1946 Benjamin Spock Common Sense Book of Baby and Child Care
Factors in Drops in Child Mortality
Mid-20\textsuperscript{th} century

- Antibiotics
- Fluid and electrolyte replacement therapy
- Nutrition
- Better living conditions

CDC. Achievements in Public Health, 1900-1999: Healthier Mothers and Babies. MMWR October 01, 1999 / 48(38);849-858
Anna Freud
Progress in Pediatrics

THE MENACE OF PSYCHIATRY *

JOSEPH BRENNEMANN, M.D.
CHICAGO

When your president honored me by asking me to address the New England Pediatric Society I submitted several subjects on which I might speak. Among them I had very hesitatingly placed the title of the present paper. When I received his reply saying that it would be “very nice” if I would discuss the menace of psychiatry, I confess that I broke out into a cold perspiration and had a bad night. From that reaction I have not yet fully recovered. I still feel keenly the hazard of perhaps prematurely attempting a critical evaluation of a very popular movement that has a tremendous momentum and that has not yet reached its acme. It is as though I had come to Boston twenty
We saw over 3,000 patients that summer with possible polio. The 350-bed hospital was entirely converted to polio patients except for about 15 beds reserved for trauma. At one time we probably had 30 or 40 patients in tank respirators.

Robert Haggerty MD 1955
1950s-1970s

- Vaccines explode, starting with polio
- ABPN in Child psychiatry 1959
- JAACP 1962 (JAACAP 1989)
- NICUs 1970s
- Great Society and War on Poverty 1960s: MC and MA
- Head Start 1965 (Julius Richmond MD first Director)
- "Battered child syndrome" (Henry Kempe MD) 1962
- "The New morbidities" coined by Robert Haggerty MD
- Definition of pediatrics revised to include up to age 21 1969
- Child Abuse and Prevention and Treatment Act 1974
- First state child automotive restraint law 1977
Polio cases and deaths in the US since 1943

The rapid distribution of a new and effective polio vaccine starting in 1955 led to the disease's elimination from the United States in 1979.

Source: Our World in Data, derived from US Public Health Service and the Centers for Disease Control and Prevention • Getthedata
Pertussis Cases

Reported NNDSS pertussis cases: 1922-2016

Number of cases

Year

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service
Rubella Cases
Measles Cases

Measles–United States, 1950-2001
While the Itis’s are going away.....we are seeing the new morbidities
I saw that the future of pediatrics was no longer going to be predominantly in the acute infectious diseases of childhood. We were beginning to see the impact of immunizations, and we saw the development of anti-bacterial agents, and I began to think that there would be much more concern about psychological and social development, as there should be, in pediatrics.

Julius Richmond MD talking about 1946

# The New Morbidity

**TABLE 1. 20th Century Trends in Pediatric Morbidity***

<table>
<thead>
<tr>
<th>Classical pediatric morbidity (1900–1955)</th>
</tr>
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<tbody>
<tr>
<td>Infectious diseases</td>
</tr>
<tr>
<td>High infant mortality rates</td>
</tr>
<tr>
<td>Poor nutrition</td>
</tr>
<tr>
<td>Few cures for chronic disease</td>
</tr>
<tr>
<td>Diseases stemming from overcrowding</td>
</tr>
<tr>
<td>Epidemics, eg, influenza, polio</td>
</tr>
<tr>
<td><strong>The new morbidity (1955–1990s)</strong></td>
</tr>
<tr>
<td>Family dysfunction</td>
</tr>
<tr>
<td>Learning disabilities</td>
</tr>
<tr>
<td>Coordination of care</td>
</tr>
<tr>
<td>Emotional disorders</td>
</tr>
<tr>
<td>Functional distress</td>
</tr>
<tr>
<td>Educational needs</td>
</tr>
<tr>
<td><strong>Beyond the new morbidity (1990s onward)</strong></td>
</tr>
<tr>
<td>Social disarray</td>
</tr>
<tr>
<td>Political ennui</td>
</tr>
<tr>
<td>New epidemics, eg, violence, AIDS, cocaine</td>
</tr>
<tr>
<td>Increased survivorship</td>
</tr>
<tr>
<td>High-technology care</td>
</tr>
</tbody>
</table>

* Adapted from Palfrey.⁹
Pediatrics as a specialty of general medicine is concerned with the promotion conjointly of mental and physical development. Pediatrics cannot encompass the technical areas of child psychiatry which are concerned with severe psychopathologies and complex psychotherapies. It can encompass a preventive and positive type of mental hygiene through parent-child guidance and family counseling.

Arnold Gesell MD 1949
### Similarities and Differences

<table>
<thead>
<tr>
<th>Focus</th>
<th>Pediatrics</th>
<th>Child Psychiatry</th>
</tr>
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<tbody>
<tr>
<td>Developmental training</td>
<td>Child observation (many)</td>
<td>Theoretical, fewer, only see disturbed children</td>
</tr>
<tr>
<td>Focus of treatment</td>
<td>Wellness, prevention</td>
<td>Treatment of disorders</td>
</tr>
<tr>
<td>Contact</td>
<td>Many, brief, over many years</td>
<td>Longer contacts over shorter periods of time, many fewer children</td>
</tr>
<tr>
<td>Outlook</td>
<td>Resilience</td>
<td>Challenges</td>
</tr>
<tr>
<td>Psychotherapy training</td>
<td>Very little-None</td>
<td>Psychotherapy training</td>
</tr>
<tr>
<td>Language</td>
<td>Diagnosis/symptoms</td>
<td>Formulation/abstract</td>
</tr>
<tr>
<td>Clinical training</td>
<td>Heavy inpatient</td>
<td>Stronger outpatient</td>
</tr>
</tbody>
</table>
1980s-2000s

- AIDS and pediatric AIDS 1980s
- Society for Developmental Behavioral Pediatrics 1982
- Introduction of wide use of psychotropics for children
- Injury prevention major thrust for AAP
- 1990 15% children had no health insurance
- CHIP started 1997
- Back to Sleep 1992
- AAP discourages use of media for children <2 1999
- Future of Pediatric Education II 2000
- AAP targets firearm safety and obesity
Where are we by 2000?

• Clear shift in morbidity and day to day practice of pediatrics
• Recognition of the new morbidity and valuing of mental health
• Psychoanalytic models in retreat
• Biological psychiatry in ascendancy
• CAP becoming more practical, problem focused
• Wariness lessening
2000s-Present

The answers keep changing, the questions remain the same……

• Pediatricians lead the development of the PCMH with joint principles by AAP, ACP, AAFP 2007
• Mental health concerns emerge as most common chronic pediatric condition and increase over time, and especially with COVID
• HITECH Act (2009) and widespread adoption of EMRs
• Changes to health care system via ACA
• Rise of Collaborative and integrated care
• My Space 2003
• Facebook 2004
• iPhone 2007
• Tik Tok 2016
• Changes in Morbidity and Mortality
• Changes in Focus
• Changes in health care delivery systems
Chronic Mental Health Issues in Children Now Loom Larger Than Physical Problems

Anita Slomski

It's hard to be a kid today. For the first time in the half century that the US government has continuously collected data, the top 5 disabilities affecting US children are mental health problems rather than physical problems.

In 2008–2009, 7.7% of US children younger than 18 years had a disability that limited usual activity, which is a 4-fold increase in the prevalence of childhood activity limitations since 1960, according to data from the National Health Interview Survey from the US Department of Health and Human Services. Among these children, a speech problem; learning disability; attention-deficit/...
Suicide 2nd Leading Cause of Death 10-34 yo

<table>
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<th>Rank</th>
<th>Age Group</th>
<th>Total</th>
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<tr>
<td>1</td>
<td>Congenital Anomalies 1,080</td>
<td>2,282</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation 1,749</td>
<td>3,458</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Pregnancy Comp. 1,432</td>
<td>7,048</td>
</tr>
<tr>
<td>4</td>
<td>SIDS 1,363</td>
<td>7,335</td>
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<tr>
<td>5</td>
<td>Unintentional Injury 1,117</td>
<td>8,506</td>
</tr>
<tr>
<td>6</td>
<td>Placenta Cord Membranes 843</td>
<td>9,090</td>
</tr>
<tr>
<td>7</td>
<td>Bacterial Septicemia 592</td>
<td>10,692</td>
</tr>
<tr>
<td>8</td>
<td>Circulatory System Disease 449</td>
<td>11,871</td>
</tr>
<tr>
<td>9</td>
<td>Respiratory Distress 440</td>
<td>14,102</td>
</tr>
<tr>
<td>10</td>
<td>Neonatal Hemorrhage 379</td>
<td>15,431</td>
</tr>
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</table>

Changes in Practice: American Academy of Pediatrics Task Force on Mental Health 2009

Pediatricians have long been an important first resource for parents who are worried about their children’s behavioral problems, and today psychosocial problems are the most common chronic condition for pediatric visits, eclipsing asthma and heart disease.”
New pediatricians are seeing few ‘bread and butter’ cases, but an influx of mental health crises

By Theresa Gaffney  June 1, 2021
Patient Centered Medical Home: Embracing Integrated Care in the Modern Age
Public Health Perspective
Are We Meeting the Public Mental Health Care Need?

- 50% receive ANY services (e.g. school, gen med, SMH);
- 20% receive SMH services
- Most service of low intensity
- Severe emotionally disturbed: 25% psychotherapy; 32% meds

Bottom line: Most kids get inadequate treatment. We can and need to do better!
The Reality on the Ground: U.S. Health Care Workforce

- 8-9K Child psychiatrists
- 61K general pediatricians
- 800 DBPs
- 118K family physicians
- + NPs, PAs in primary care
- 115K psychologists (35K child)
- MSWs, MFTs, LMHCs, etc

The New Math

- 74M children under 18 in USA
- 8300 practicing CAPs
- 16% with DSM=12M=1,445/CAP
- 9% SED=6.6M=795/CAP
- 450 new CAPs per year and
- 9 triple board programs: 14 graduates per year
- 4 PPP programs=8 graduates per year
Who’s Actually Writing Prescriptions to Children Now?

- Stimulants: >60% prescribed by PCPs
- Antipsychotics: 35-40% by PCPs
- SSRIs: 40-50% by PCPs

Olfson et al. Stimulant Treatment of Young People in the United States. JCA Psychopharm 2016
Sultan R et al. National Patterns of Commonly Prescribed Psychotropic Medications to Young People. JCA Psychopharm 2018
The Present and Future
**AAP Mission Statement**

The mission of the AAP is to *attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.*

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**AACAP Mission Statement**

The mission of AACAP is to *promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.*
To promote healthy emotional development and resilience in children, adolescents, and their families, residents must demonstrate the ability to:

- provide behavioral and mental health care across all clinical settings that is sensitive to the developmental stage of the patient and the cultural context of the patient and family; and, (Core)

- identify, manage, co-manage, and appropriately refer patients with common behavioral and mental health issues to specialists and resources when indicated. (Core)
Preparation Future Pediatricians to Meet the Behavioral and Mental Health Needs of Children

Julia A. McMillan, MD, FAAP; Marshall Land, Jr, MD, FAAP; Ashley E. Tucker, MPH; Laurel K. Leslie, MD, MPH, FAAP

Theme 1: There is an Urgent Need for Pediatricians to Increase Their Role in Improving the B/MH of Children

Pediatrics 2020; 2020;145(1):e20183796
Many report seeing a swelling tide of children with developmental, behavioral and mental health problems. I use the swelling tide metaphor not just because of the numbers of patients, but also in the sense of feeling overwhelmed by a subject area for which there was inadequate preparation during residency.

--David Nichols MD, President and CEO Am Board Pediatrics
July 2014
One Solution: The Rise of CPAPs (Child Psychiatry Access Programs)

- MCPAP Massachusetts 2004
- PAL Washington 2007
- Project TEACH (CAP PC) New York 2010
- HRSA funding in past 5 years (45 funded programs)
- Currently 46 states with CPAP programs
- www.nncpap.org
Hub Sites

ProjectTEACH - 855-227-7272
- University at Buffalo
- University of Rochester
- SUNY Upstate Medical University
- Albany Medical Center
- Albert Einstein College of Medicine
- Columbia University Medical Center / NY State Psychiatric Institute
- Zucker Hillside Hospital, Northwell Health
MISSION

To strengthen and support New York’s:

1. Pediatric primary care clinicians (PPCCs) to deliver care to children and families who experience mild-to-moderate mental health concerns

2. Ob/Gyns and other primary care clinicians to expand their ability to assess and manage maternal mental health concerns
Services

1. Real-time telephone consultation for maternal and child health clinicians
2. Linkage/referral
3. Education
Telephone Consultations

Project TEACH allows PCCs to speak on the phone with child and adolescent psychiatrists and reproductive psychiatrists. Ask questions, discuss cases, or review treatment options. Whatever PCPs need to support their ability to manage their patients.

1-855-227-7272 Mondays-Fridays 9-5
Child and Adolescent Face-to-Face Evaluations

PCPs can also request face-to-face evaluations with child and adolescent psychiatrists for the children and families in their practices.

If a PCP’s office would like to offer evaluations via telehealth, Project TEACH regional provider teams can work with him/her to make this service available.

Face-to-face evaluations occur within two weeks of requests. All face-to-face evaluations are followed by written reports within 2 days to the referring clinician.
Referrals and Linkages

Linkage and referral services help primary care providers and families access community mental health and support services. This includes clinic treatment, care management, or family support. Project TEACH will provide referrals to PCPs for children and adolescents as well as women with maternal mental health concerns.
Project TEACH offers free CME training in several different formats for primary care clinicians (PCCs) serving children and adolescents as well as women with maternal mental health concerns. These programs support PCPs’ abilities to assess, treat and manage mild-to-moderate mental health concerns in their practices.

Good mental health lets young people live their best lives. Let us help you care for the kids in your practice.

GET INVOLVED

www.projectteachny.org
## The Big Picture

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<th>Category</th>
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<tr>
<td>Registered PCPs</td>
<td>3737</td>
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<tr>
<td>New cases</td>
<td>13338</td>
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<tr>
<td>Referrals</td>
<td>3491</td>
</tr>
<tr>
<td>Total consults</td>
<td>15392</td>
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<tr>
<td>Face to face evaluations</td>
<td>1104</td>
</tr>
<tr>
<td>REACH/IT trained PCPs</td>
<td>743 RT 469 IT</td>
</tr>
<tr>
<td>CME credits</td>
<td>29598</td>
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# Amherst Pediatrics Then & Now

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<th>2010</th>
<th>2019</th>
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<tr>
<td><strong>Anxiety/Depression</strong></td>
<td>DX: 17 = .17% population</td>
<td>DX: 510 = 5.25% population</td>
</tr>
<tr>
<td></td>
<td>RX: 3 = 17.6% pts dx</td>
<td>RX: 142 = 27.8% pts dx</td>
</tr>
<tr>
<td><strong>ADHD</strong></td>
<td>DX: 176 = 1.81% population</td>
<td>DX: 599 = 6.17% population</td>
</tr>
<tr>
<td></td>
<td>RX: 128 = 72% pts dx</td>
<td>RX: 313 = 52% pts dx</td>
</tr>
<tr>
<td><strong>Autism</strong></td>
<td>DX: 72 = .74% population</td>
<td>DX: 156 = 1.6% population</td>
</tr>
<tr>
<td><strong>Psychopharm</strong></td>
<td>Stimulants: 121</td>
<td>Stimulants: 300</td>
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<td>SNRI: 1</td>
<td>SNRI: 8</td>
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<tr>
<td></td>
<td>Alpha Agonists: 5</td>
<td>Alpha Agonists: 41</td>
</tr>
<tr>
<td></td>
<td>SSRI: 3</td>
<td>SSRI: 313</td>
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<tr>
<td></td>
<td>Atypical: 21</td>
<td>Mood Stabilizer: 4</td>
</tr>
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<td>Benzo: 4</td>
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2010: [Graph](image1)

2019: [Graph](image2)
Conclusions

• Monumental changes have occurred in the past 100 years as Pediatrics and child psychiatry have evolved
• The public health needs have changed and MH is now paramount
• Pediatrics and pediatricians have changed and so has child psychiatry
• YES THE TIME HAS COME!
• Working together provides the best hope to meet the huge, and growing, public health need for mental health services
• Collaborative care is increasingly supported and a practical and feasible solution to the shortage of child psychiatrists
• Training and aligning incentives are major challenges going forward