**The pandemic’s youth mental health crisis exposes need to train more psychiatrists**

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Psychiatrists are urging the federal government to increase the number of psychiatrists to address the child and adolescent mental health crisis that arose because of the coronavirus pandemic.

Providers say they feel strain on an already overburdened system. On top of [insurance reimbursement issues](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4340585/) that inhibit care, limited federal funding is available to train new psychiatrists. A spike in youth mental illness during the pandemic has placed further pressure on existing hospitals and clinics.

“Our wait lists are essentially closed,” said Dr. Matthew State, a child and adolescent psychiatrist and geneticist at the University of California-San Francisco. “The waitlist to get an evaluation for autism is more than a year; getting into our general psychiatric clinic is a year. So it essentially means we are maxed out in our system.”

According to data from the [CDC](https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html), more than one in three high school students reported they experienced poor mental health during the pandemic. Prior to the pandemic, adolescent health was already worsening. From 2009 to 2019, there was a [40% increase](https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html) in the number of high schoolers who reported feelings of sadness and hopelessness.

To respond to this mental health crisis, providers from across the country say there is a need for more psychiatrists.

“I talked to psychiatrists from all over the United States, so I can just tell you up front, everywhere there is a crying need for more people to be available,” said Dr. Debra Atkisson, a child and adolescent psychiatrist physician development coach at the Texas Christian University School of Medicine and regional medical director of Connections Wellness Group.

Access to care is especially poor for the [seventy percent](https://www.publications.aap.org/pediatrics/article-split/144/6/e20191576/77002/Growth-and-Distribution-of-Child-Psychiatrists-in) of counties in the United States without a single child psychiatrist.

Many physicians pivoted to telehealth during the pandemic, which allows patients to meet with providers over the internet instead of in-person. This has improved access for children in some of these areas without psychiatrists but relies on existing providers to see more patients.

Atkisson said one long-term way to address growing demand is to make more psychiatry residency positions available to graduating medical students. The federal government plays a role in funding and determining the number of available residency slots.

However, a [cap on federal support](https://www.aamc.org/news-insights/medical-school-enrollments-grow-residency-slots-haven-t-kept-pace) of residency positions through the Medicare program has stagnated graduate medical education (GME) funding over the past two decades. Teaching hospitals are operating with federal funding support still at 1996 levels.

This leaves a growing number of medical students interested in psychiatry to compete for a limited number of residency slots, said Atkisson, who mentors graduating medical students.

“I was at the APA [American Psychiatric Association] meeting and our CEO stood up and said, ‘If the government would truly open the gates to where we could train a lot more psychiatrists, we could possibly have our needs filled in four to five years,’” said Atkisson.