Op-Ed piece that was submitted to print media statewide.
Written, jointly, by the IPS’s Child and Adolescent Psychiatry Committee and the ICCAP’s (Illinois Council of Child and Adolescent Psychiatry) Executive Board

October 21, 2021

To the Editor:

The mental health impacts of COVID-19 seem to hit children particularly hard. This has exacerbated a shortage of child and adolescent psychiatrists. As parents ourselves, we understand the frustration and anger experienced by a mom or dad unable to get the right care for their child. As professionals in this field, we are writing to propose solutions.

Unfortunately, the tremendous amount of training needed to become a child and adolescent psychiatrist keeps our numbers low. Even for psychiatrists, who are trained physicians, the extra training required to treat young people can be daunting. It is a long journey through college, medical school and then 5-6 years of training after medical school. In total, the path to becoming a child psychiatrist requires multiple exams, 13-14 years of training and more than twenty thousand hours of direct patient care under supervision. These are challenging but necessary requirements to take good care of kids.

However, the same pandemic that has caused some of our greatest problems, is also helping us with solutions. A new Illinois law expands coverage of tele-medicine, which serves as a psychiatric force multiplier. Not only does tele-medicine increase patient access to care safely and effectively, but it also allows us to collaborate with colleagues like pediatricians and family physicians who are often the first to encounter patients with psychiatric illness and who are trained to prescribe medications.

Tele-health utilized within the collaborative care model is one example of a safe, effective and sustainable way to improve access to psychiatric care. The health care system must evolve with the changing world by finding smart solutions to intractable problems.

Sincerely,

Members of the IPS’s Child and Adolescent Psychiatry Committee and the ICCAP’s Executive Board