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Study: 1 in 5 children lives in county without a child psychiatrist

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About 20% of children live in a county without a child psychiatrist, although rates are better than they were a decade ago, a new study found.

Growing demand and a shortage of psychiatrists have been a problem for years. Researchers led by the RAND Corporation set out to see whether availability has improved over the past decade. They studied data on children through age 19 years from 2007-'16.

Data showed the number of child psychiatrists increased, while the number of children in the U.S. declined, resulting in a 22% improvement in the rate per 100,000 children. The rate grew from 8.01 child psychiatrists to 9.75 per 100,000 children, according to "Growth and Distribution of Child Psychiatrists in the United States: 2007-2016," (https://doi.org/10.1542/peds.2019-1576). However, the American Academy of Child and Adolescent Psychiatry recommends at least 47 per 100,000 as noted in a related commentary.

Rates varied widely by state. In 2016, Idaho had 3.3 child psychiatrists per 100,000 children, while Massachusetts had 26.5, according to the study.

Idaho, Indiana, Kansas, North Dakota, South Dakota and South Carolina saw their ratios decline over the decade, while there were increases of more than 50% in Alaska, Arkansas, Nevada, New Hampshire, Oklahoma and Rhode Island.

At the county level, 70% of counties had no child psychiatrists in 2007 or 2016, and 20% of children lived in a county without a child psychiatrist in 2016.

Child psychiatrists were more plentiful in counties with higher incomes and education levels. In addition, metropolitan areas had higher rates than urban or rural counties adjacent to them.

Authors noted loan forgiveness programs and higher payment rates have been used to attract more people to the profession but “broader policies that influence educational and economic opportunity may be required.”

“Absent these, counties with few or no child psychiatrists may need to look at alternative or complementary frameworks to address child mental health needs — including integration of behavioral health in pediatric primary care settings, school-based mental health services, the child psychiatry telephone consultation access programs, and new models of telepsychiatry,” they wrote.

David Axelson, M.D., wrote in his commentary that child psychiatrists may need to use their time more effectively by leading multidisciplinary teams, consulting to primary care and schools, and using telehealth while seeing fewer patients.

“Investment in developing better systems of care with thoughtful integration of child psychiatrists is more likely to lead to the best outcomes for our children, rather than focusing only on increasing the number of psychiatrists,” he wrote. “We need to start making this investment and be open to change and innovation to improve our children’s mental health.”