



# Child and Adolescent Psychiatry Trends

**ADAMHS Board - 28 Oct 2014**



*"Of course you feel great. These things are loaded with antidepressants."*

CIN  
COLLECTION

# Current Need for Child and Adolescent Psychiatrists

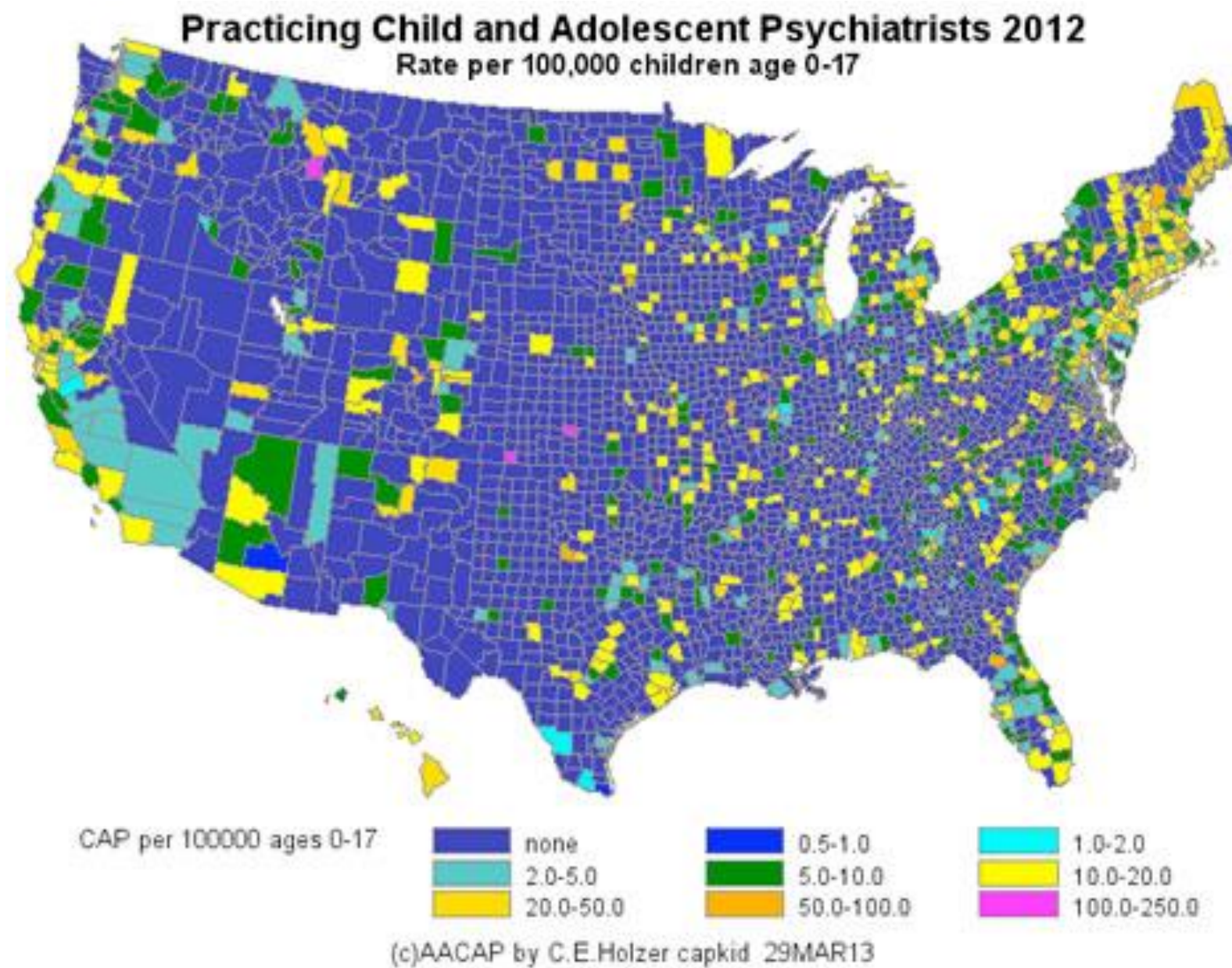
- There are currently approximately 7400 Child and Adolescent Psychiatrists in Practice in the US
- By 2020, there will be approximately 8300 in practice
- In 2000 the estimated need was 13,000 - 22,000

# Why Can't We Meet the Need with Other Specialties?

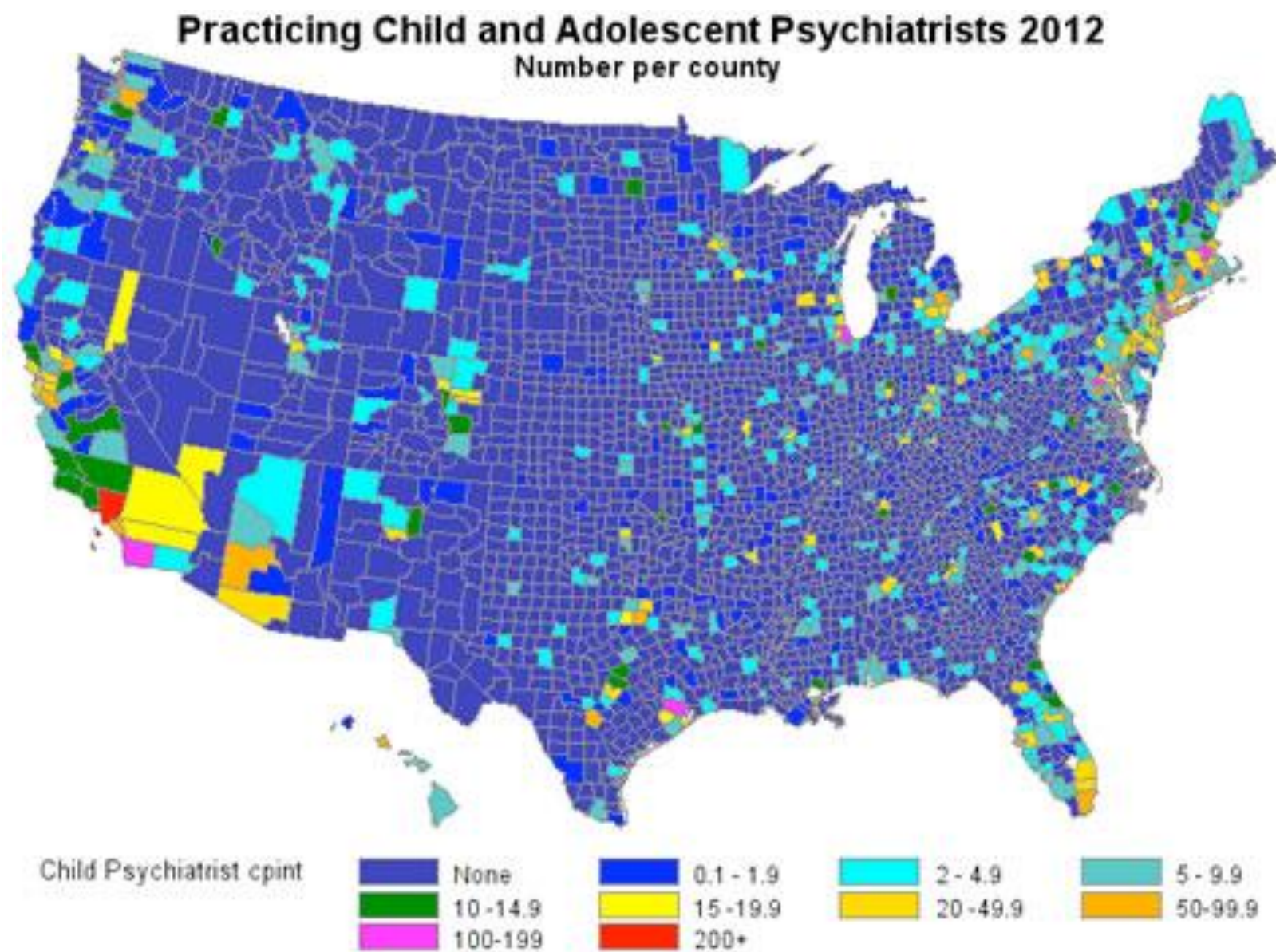
- CAP requires specialized training, education, and experience
- Number of CAP rotations required by pediatric residencies...zero
- Nurse practitioners - only a fraction of the education and experience of physicians



# CAP in the United States



# CAP in the United States

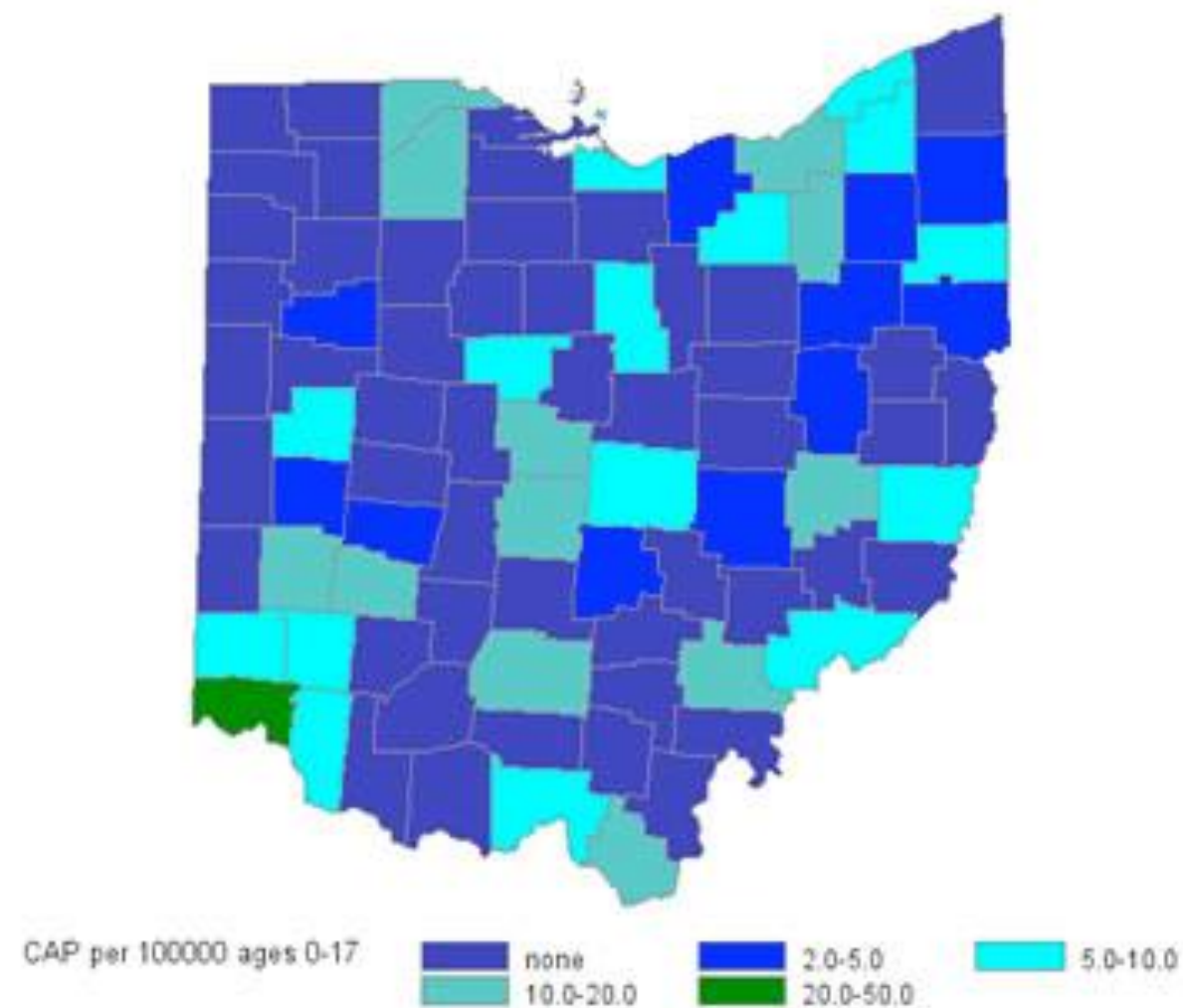


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# CAP in Ohio

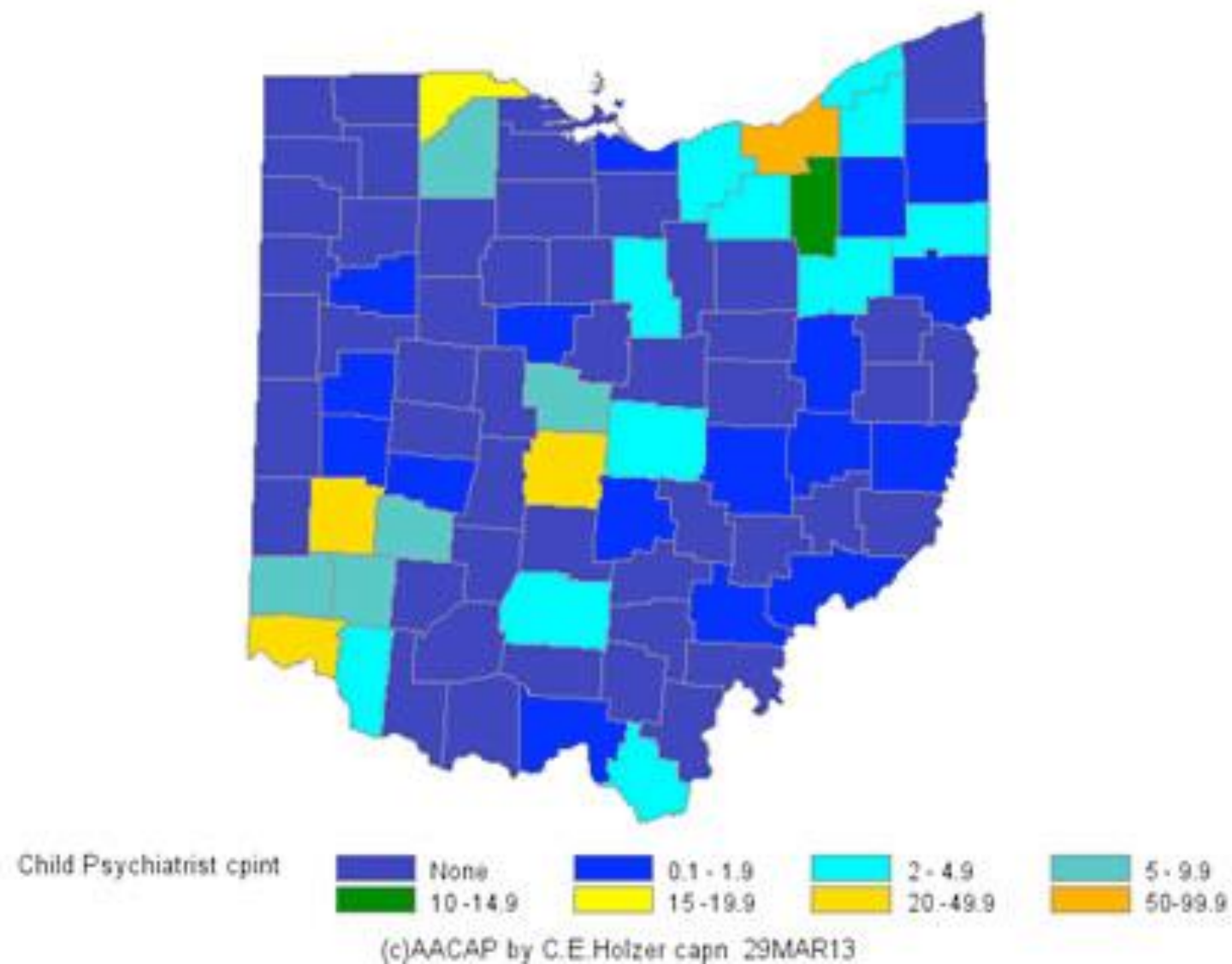
**Ohio: Practicing Child and Adolescent Psychiatrists 2012**  
Rate per 100,000 children age 0-17



(c)AACAP by C.E.Holzer capkid, 29MAR13

# CAP in Ohio

**Ohio: Practicing Child and Adolescent Psychiatrists 2012**  
Number per county





## Current State of Diagnosis and Care

- Prevalence rates for CAP mental illness range from 17-22%
- 15% have some significant functional impairment
- Only 1 in 5 receives appropriate treatment
- As many as 50% of mental health disorders go undiagnosed in a primary care setting

# Suicide Remains Ongoing Crisis

- Suicide is the third leading cause of death in youth ages 15 to 24
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined
- Over 90 percent of children and adolescents who commit suicide have a mental disorder

## Trends in Medication Usage

- About 8 million children are on one or more medications for mental illness (about 1 in 13 children)
- From 1987-1996 there was a 2-3x increase in children taking psychotropic medications
- From 1993-2002 there was a 6x increase in office based visits that included prescribing of an antipsychotic medication



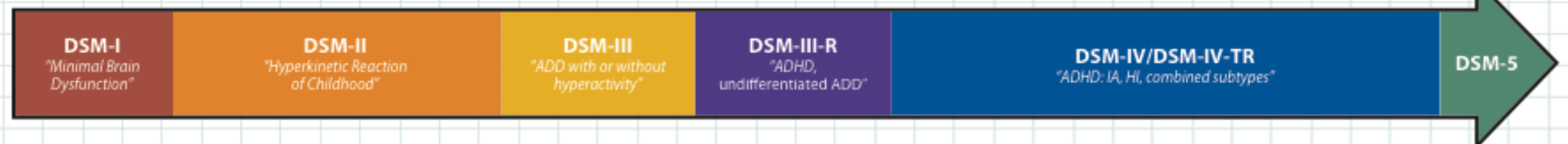
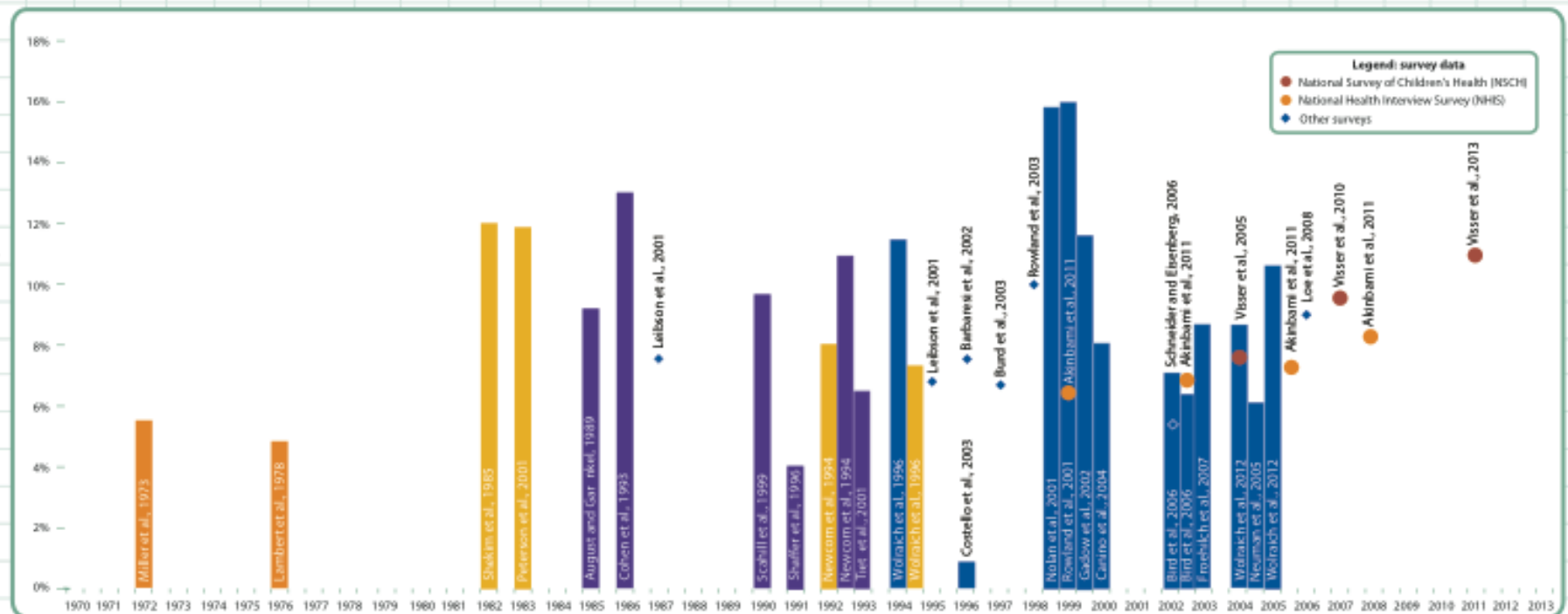
# Trends in Diagnoses

- ADHD

Sir George Still: (1902)  
First to describe  
ADHD

Franklin Ebaugh: (1923)  
evidence that ADHD  
could arise from  
brain injury

1967 Federal government  
funds (National Institute of  
Mental Health) first used  
for studying effect of  
stimulants on children  
with hyperactivity



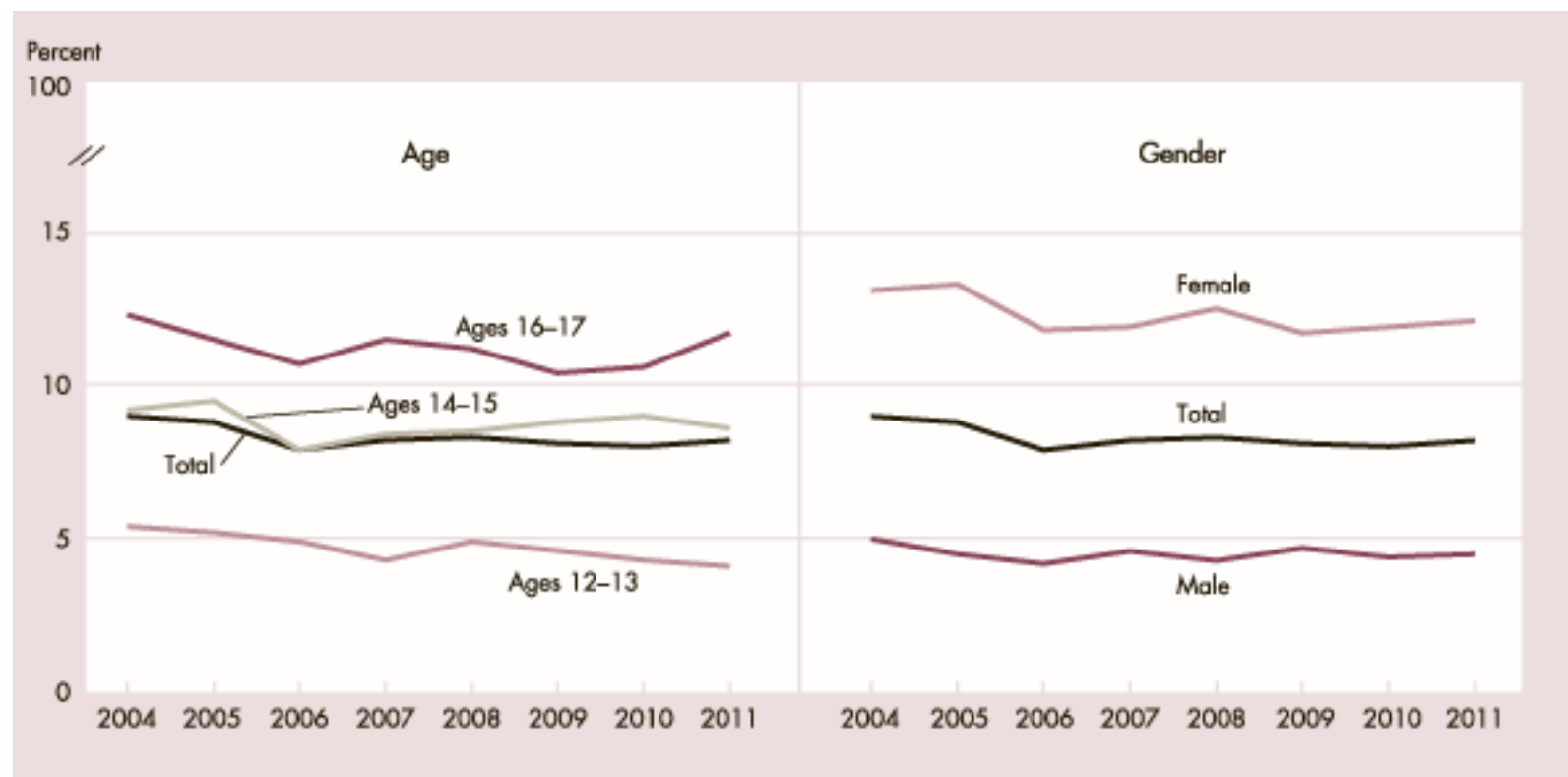
# Trends in Diagnoses

- Bipolar Disorder
  - Annual number of youth office-based visits with a diagnosis of bipolar disorder increased from 25 (1994-1995) to 1003 (2002-2003) visits per 100 000 population
  - In 1999 to 2003, most youth bipolar disorder visits were by males (66.5%), whereas most adult bipolar disorder visits were by females (67.6%)
  - Youth were more likely than adults to receive a comorbid diagnosis of attention-deficit/hyperactivity disorder (32.2% vs 3.0%, respectively;  $P < .001$ )
  - Most youth (90.6%) and adults (86.4%) received a psychotropic medication during bipolar disorder visits, with comparable rates of mood stabilizers, antipsychotics, and antidepressants prescribed for both age groups



## Trends in Diagnoses

- Depression
  - PERCENTAGE OF YOUTH AGES 12–17 WHO EXPERIENCED A MAJOR DEPRESSIVE EPISODE (MDE) IN THE PAST YEAR BY AGE AND GENDER, 2004–2011



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## Trends in Medication Usage

- More recent data shows that 6.2% of Medicaid children and 4.8% of privately insured children took at least one psychiatric medication in the last year
- Medicaid children are twice as likely to be prescribed an antipsychotic medication versus privately insured children

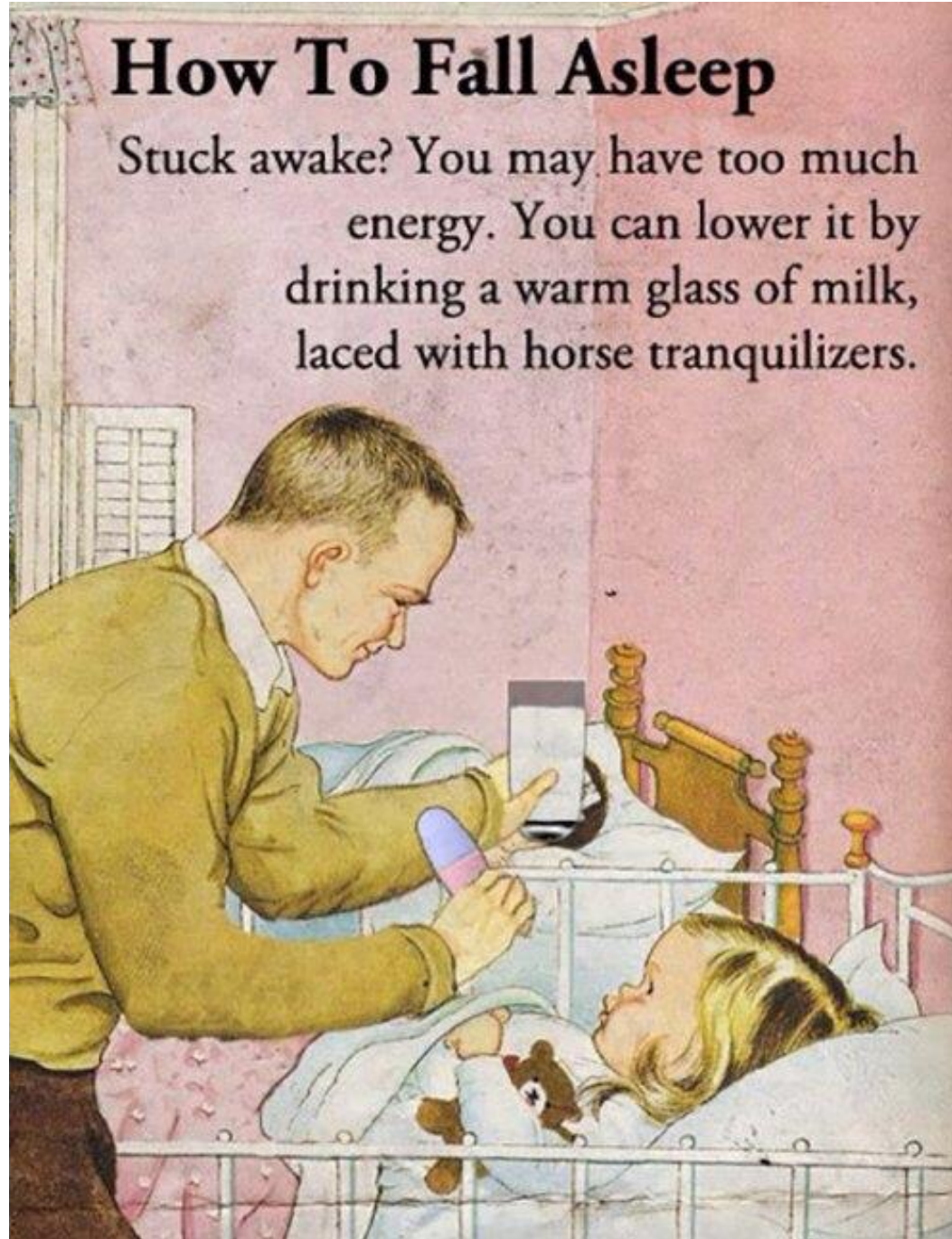


## Trends in Medication Usage

- Only 31% of psychotropic medications are FDA approved for children and adolescents 6-17 years old
- 75% of medications are prescribed “off label” for this group by some estimates

## How To Fall Asleep

Stuck awake? You may have too much energy. You can lower it by drinking a warm glass of milk, laced with horse tranquilizers.



# Factors Impacting Increased Medication Usage

- Increased awareness of severe mental health problems in young children
- Development of medications considered safer than their older counterparts
- Increased experience of practicing providers treating younger populations
- Increased behavioral expectations of very young children in structured settings, such as childcare or preschool

# Factors Impacting Increased Medication Usage

- Medication usage proliferated by primary care physicians
  - Less access to CAP
  - Limited insurance coverage for residential and inpatient care
  - Few outpatient psychotherapy providers
  - Result:
    - PCPs provide over 50% of mental health treatment
    - Prescribe majority of psychotropic medications to children and adolescents
    - 75% of scripts for anxiolytics, antipsychotics, and mood stabilizers have been prescribed by PCPs and not psychiatrists



# Children in Foster Care

- Increasingly vulnerable to excessive and inappropriate medication usage
- High incidence of neglect, psychosocial chaos, abuse...PTSD and RAD can complicate the care picture
- Further risk factors for escalation of dubious use of medications include incarceration, poverty, or inpatient psychiatric hospitalization
- Medicaid data shows that from 2002-2007, the rate of polypharmacy in foster children was 1-14%; the rate of antipsychotic use was 3-22%
- States still report many cases where foster children have been given psychotropic medication without proper legal consent

# CAP Mental Illness and Scope of Medication Usage

- Our dilemma: the earlier onset of mental illness in the absence of treatment, the more functional impairment, quality of life, and cost to society as these children enter adulthood
- Our concern: “ More recent well-designed pediatric psychotropic drugs studies have pointed to a greater or different profile of susceptibility to adverse effects in children compared to adults. Other dissimilarities include developmentally dependent variations in drug effectiveness, paradoxical drugs reactions in susceptible youth and pharmacokinetic differences based on age and developmental anatomical/ physiological maturity”



*"If you're happy and you know it,  
stick with your dosage."*