The Connecticut Council of Child and Adolescent Psychiatry is pleased to support the concept of **Proposed Bill 6483, An Act Establishing A Task Force Regarding the Impending Shortage on the Psychiatry Workforce**. Our organization represents the nearly 300 Child and Adolescent Psychiatrists (CAPs) in the state of Connecticut.

Our testimony is regarding access to Child and Adolescent Psychiatry, which has separate and further training than general psychiatry. Becoming a child and adolescent psychiatrist usually requires completion of an internship (which may include pediatrics and pediatric neurology), two to three years of general psychiatry residency, and another two years of CAP specialty training.

More than 1 in 5 children have emotional or developmental problems and it is well known that there is a shortage of mental health professionals trained to identify and treat these disorders. Finding appropriate care is important to a child’s development. CAPs care for young children, adolescents and young adults who have conditions from anxiety, depression, eating disorders, psychosis, insomnia, schizophrenia, substance abuse, brain trauma, suicide, aggression, self-injurious behaviors, or who live in the aftermath of domestic or sexual violence, as well as many other conditions or situations.

Along with this testimony we are providing a map of the state of Connecticut, showing three interesting data points. The first is that the majority of the population has a high to a severe shortage of CAPs. Only New Haven County has a “mostly sufficient” supply, which is 47 CAPs per 100,000 children. Interestingly, Connecticut has the 3rd highest number of CAPs in the country. And, last, the average age of a CAP is 52. All of this points to a deficiency of child psychiatry.

The reason New Haven has such a high number of CAPs is that Yale Child Study Center is a superb training center, and has many experienced physicians training CAP fellows. This is in our favor.

There are several areas where we might work at chipping away at the shortage, without sacrificing quality of care.

- Improve collaborative care models, such as ACCESS-MH
- Encourage psychiatric telemedicine models
- Find a way to help young psychiatrists with loan relief
- Improve reimbursement rates
- Keep psychiatric training opportunities in the State, such as Solnit Center

The CCCAP is encouraged by this legislation and the opportunity to work with you to find creative ways to increase the number of highly and specifically trained psychiatrists, and to keep the quality of care to the standard that our children and citizens have the right to.

Information on NHSC Loan Relief:

The current National Health Service Corps (NHSC) provides medical education loan relief for physicians who have successfully completed general pediatrics or general psychiatry residency training programs and have ended training. **Trainees, who go on to subspecialize in child and adolescent psychiatry, or other pediatric subspecialties, do not have this option through the current NHSC program.**