



ADDRESSING TRAUMA AND CHILDREN'S MENTAL HEALTH THROUGH CHILD PSYCHIATRY ACCESS PROGRAMS:

AN INTRODUCTORY
GUIDE FOR STATE HEALTH
ADVOCATES

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INTRODUCTION

Trauma, a devastating one-time event or ongoing experience, is common for most children, families and communities. As we know, traumatic experiences can have lifelong impacts on physical, mental and behavioral health. This is particularly true for events during childhood. One challenging backdrop behind the prevalence of trauma and its influence on mental health is an ongoing shortage of [mental health providers of all types](#). This shortage is particularly severe for [child psychiatrists](#). As a [health justice movement](#), our long-term goals include increasing the number and diversity of mental health providers while better integrating them into the primary care setting. However, one way to address these provider shortages in the interim is through [child psychiatry access programs](#) (CPAPs). These programs give primary care providers direct access to specialists in psychiatry who provide consultations on diagnosis and treatment. Although CPAPs help improve the capacity of primary care providers to address mental health issues, they do not fully eliminate the need for additional mental and behavioral health providers. As a result, these valuable programs provide an important stepping stone toward fully integrating behavioral health into primary care.

State advocates have an important role to play in ensuring that child psychiatry access programs effectively address individual children’s mental health needs and in integrating these programs into broader efforts to address trauma and health equity. This guide provides an introduction to child psychiatry access programs and makes some recommendations on how state advocates can start or strengthen programs in their state.



THE GROUNDWORK:

What is trauma and how is it connected to children's mental health?

We are in the midst of turbulent times: from dramatic increases in [drug overdose deaths](#) to [school shootings](#) to increasingly intense natural disasters like [hurricanes](#). Although we are sometimes able to shield our children from witnessing or experiencing traumatic events, it is not always possible. These and other types of trauma, also known as [adverse childhood experiences](#), can have lifelong impacts on a child's physical, mental and behavioral health. We know that trauma is quite common with more than two-thirds of youth age 16 and younger [reporting at least one traumatic experience](#). While every demographic has a large prevalence of trauma, data show children of color experience [more traumatic events](#) than their white peers and [LGBTQ youth](#) also experience higher rates of adverse experiences. We also know that these adverse childhood experiences (ACEs) can have intergenerational impacts. Recent [research](#) shows that when a parent has had a higher number of adverse childhood experiences, it is more likely that their child will have poor overall health.

Experiencing trauma can negatively affect mental health at any stage of life from [early childhood to adolescence](#) and into [adulthood](#). Research studies estimate that approximately [one in five children](#) experience a mental health issue during any given year. We also know that half of all [mental health issues](#) begin by age 14 and three-quarters occur by 24 years. This makes addressing trauma and mental health during childhood especially critical. Additionally, [parents of all genders](#) may experience mental health challenges when a new baby arrives and they may reoccur when additional children are added to the family. This ongoing influence of adverse experiences on the health of each member of the family creates continuous opportunities to interrupt the intergenerational impact of trauma.

Given that trauma affects the mental health of the whole family, we have a real opportunity to focus on responding to ongoing adversity and identifying ways to prevent adverse experiences in the future. In our work to [reduce trauma and foster resilience](#), we can place the child at the center while also taking into account the entire family and community's well-being. A broad perspective helps us identify policies and practices that are working now as well as strengthening and building on them as we develop a holistic system that better meets the needs of our communities. One way we can begin to address trauma in our families and communities is to create and strengthen child psychiatry access programs.



WHAT ARE THESE BRICKS MADE OF?

Understanding the basics of child psychiatry access programs

What are child psychiatry access programs?

Child psychiatry access programs (CPAPs) are a tool to advance the long-term goal of integrating mental and behavioral health care into the primary care setting. They also help alleviate the shortage of mental health providers as we move toward a more integrated system. These programs generally offer support to primary care providers so that they are better able to assist patients who are experiencing mental health issues. They do this by connecting primary care providers with specialists in child psychiatry. Many of these programs offer additional services like care coordination and continuing education for providers and staff.

What types of services do these programs offer and who provides them?

CPAPs offer a range of services, which can include consultation with specialists in child psychiatry, care coordination and other resources. Although each CPAP has its own menu of services, the core of most programs is consultation services provided by a child psychiatrist. These services generally include supporting the child's primary care provider in making a diagnosis and assessing the most appropriate treatment options. Some programs also offer primary care providers the opportunity, or in some cases require them, to consult with specialists about the most appropriate medication for their patients. These medication reviews are a safeguard so that only children who must have medication are prescribed it and those who need medication receive the proper type and dosage.

In addition to their core consultation services, some CPAPs offer additional services and resources. These additional services might be one time informational support for a primary care practice or longer term intensive assistance. Some CPAPs publish [care guidelines and other resources](#) on their websites or through newsletters. While other programs provide in-person continuing education on child and adolescent mental health for primary care providers and their staff. Still others provide much more intensive services to primary care providers and their patients. These more intensive services include care coordination, referrals to behavioral health providers or even short-term counseling services until a patient can get an appointment with a local provider.

Generally, CPAPs have at least one child psychiatrist on staff or contracted to provide services. Some programs also have nurses, social workers or care coordinators.

Who can utilize the services of these programs?

Importantly, these programs do not serve as crisis hotlines or direct resources for children and parents. Broadly speaking, these programs are intended to support health care providers who are caring for children experiencing mental health issues. However, there is large variation on which provider types can utilize program services. Some programs restrict support to only physicians such as pediatricians or family practice doctors. Other CPAPs allow many provider types to access the program from nurse practitioners to physician's assistants to clinic managers.

How do these programs provide consultative services?

CPAPs have a range of approaches to providing consultative services and specific arrangements vary by state. CPAPs are usually operated as a single entity or network of entities spread over a geographic region. Often CPAPs are embedded in or connected with a university or hospital. In Massachusetts, the network is comprised of faculty and staff at various universities dispersed throughout the state. In Washington State, CPAP staff are affiliated with a medical school and children's hospital and provide support to providers in Washington and Wyoming.

Generally, these programs provide a phone number for primary care providers to call when they would like support caring for a particular patient. CPAPs typically answer calls within a specific timeframe which might be limited to business hours. Some CPAPs answer calls immediately if possible. Others respond within a set amount of time ranging from as short as 15 minutes to as long as one business day. Others allow providers to call and schedule a time for the CPAP to provide a consultation.

Any primary care provider who calls a child psychiatry access programs will typically receive a response. However, many CPAPs “enroll” providers into their program which allows the CPAP to develop ongoing relationships with providers and practices. Enrolling providers helps create trust and allows the CPAP to identify gaps in knowledge. This practice also allows CPAPs to collaborate with primary care providers in strengthening their ability to support any patient with mental health issues, not just the particular patient the provider is currently caring for.

How are these programs funded?

Child psychiatry access programs are funded through a variety of channels and many programs have more than one source of funding. A number of CPAPs receive federal grants through funding opportunities like the [Pediatric Mental Health Care Access Program](#) or have leveraged other federal funding opportunities like State Innovation Models to develop their program. Some CPAPs are funded through direct state budget outlays while others receive funding through a variety of state agencies. There are some states which also permit providers to bill Medicaid or require private insurers to contribute resources.

TOOLS & MATERIALS:

Gathering Information on Children's Access to Mental Health Care

The first step in any advocacy effort is to understand the landscape. Gathering [data](#) on the children in your state is critical to creating a plan to address your community's mental health needs. It is important to collect a wide variety of demographic information including data on race and ethnicity, sex and gender, sexual orientation, disability, language and economic status. It can also be helpful to know the distribution of where children live in your state in terms of rural, urban and suburban areas. Data can help us understand how a program, like a CPAP, might impact particular children and what might be needed to better support those children's well-being. For example, a community may recognize that schools are expelling [girls of color](#) rather than connecting them to appropriate mental or behavioral health services. These disproportionate expulsion rates could mean that health care providers or school professionals need additional training on mental health and trauma and how implicit racial bias might be impacting their ability to support children of color.

It will also be necessary to pull together data on child psychiatrists and other mental health providers. Here, again, it will be useful to have demographic data in addition to basic information on the geographic distribution of providers. It is vitally important that advocates understand if there is a lack of providers in a particular area, but equally important to know if those providers reflect the demographic makeup of the community. For example, a community with a high proportion of children who speak Spanish will need more providers who speak that language and who understand how those children's cultural norms influence their mental health. Otherwise, it will be more challenging for that community to adequately provide support to its members. Understanding the full provider landscape will help advocates identify ways to make sure the entire mental health system, including a child psychiatry access program, is working for all children in your state.

LAYING THE FOUNDATION:

Starting or Strengthening a CPAP in Your State

As advocates, it is sometimes tempting to only focus on gaps, but it is equally helpful to know what is already available. Acknowledging abundance and strength can help the community view advocacy as a process of building on a foundation rather than a long arduous road from a place of scarcity. Advocates can foster this focus on abundance by identifying what resources are already available including determining whether your state has a child psychiatry access program established. The National Network of Child Psychiatry Access Programs maintains a [map](#) that provides some basic information about current programs and is a helpful place to start when creating your resource list.

As we appreciate the resources already available, we can also look toward laying a strong foundation for continued progress. Once you know whether a CPAP exists in your state, you can create an action plan for gathering additional details on how the program operates and identifying ways to start or strengthen a program. Advocates can contribute a great deal to developing child psychiatry access programs that provide quality, effective care for children and their families by:

- *Making Sure Stakeholders Know about the Program:* Sometimes, one of the simplest advocacy steps we can take is to guarantee that a variety of stakeholders — including children and their families, health care providers, and policymakers — are aware of services available to them and

their importance to those who utilize them. It can be helpful to work with your CPAP to develop flyers and other informational materials that explain how the program works and what impact it has had. These materials can be shared with providers, families and decision-makers to create ongoing support for your state's CPAP. For example, the Child Health & Development Institute of Connecticut has a wealth of resources for caregivers and providers available [here](#).

- *Starting with Kids and Expanding to the Full Community:* Although our focus has been on how psychiatry access programs provide support for children's mental health, some programs are much broader. For example, some states have similar programs for new parents experiencing [maternal depression](#) and states like Massachusetts are working to expand their program to support health care providers serving all adults, not just kids and new parents. As noted above, some of the goals of psychiatry access programs are to expand access to mental health services by addressing provider shortages and integrating behavioral health care into the primary care setting. As advocates, we can work to make certain that these goals are targeted at as many people as possible especially since we know that child, family and community well-being are interconnected.
- *Ensuring that Many Provider Types in a Variety of Settings Can Utilize the Program:* Some programs permit a limited number of provider types to obtain consultations or other services while others allow a much broader range. For example, some programs only permit pediatricians or family physicians to utilize the program, while others serve physicians practicing in a variety of specialties as well as clinic staff and many other provider types. We know that children interact with many types of health care providers in different settings including clinics, schools and others. As a result, it could be helpful to open the services to school health counselors or other provider types who may benefit from the services offered by your state's CPAP.
- *Advocating for a Robust Menu of Services:* As described above, child psychiatry access programs generally have consultative services between a child psychiatrist and primary care providers. However, beyond that core function there is wide variation among CPAPs in their menu of services. As you learn more about the program in your state, you should elevate care coordination and continuing education as important components of the menu of services. It is also worthwhile to encourage the CPAP to provide publicly available care guides, reference material and resources. For example, see the materials available on Washington's Partnership Access Line's [website](#) or the Massachusetts Child Psychiatry Access Program's [site](#).
- *Prioritizing Trauma Informed and Culturally and Linguistically Competent Services:* While the staff of child psychiatry access programs may be interacting with patients through an intermediary (i.e. the child's pediatrician or other individual), CPAPs should be mindful of the patient population being served and create policies and practices that take those patients' needs into account. For example, CPAPs should integrate cultural and linguistic competency as a part of consultation services and as a module in any continuing education training so that providers serving patients from any demographic will obtain care that best supports them. This includes ongoing training related to understanding and ameliorating explicit and implicit bias related to race and ethnicity, sex and gender, sexual orientation, disability, language and economic status. Training should also include instruction on trauma informed care principles with the aim of [fully integrating these principles](#) into CPAPs and the primary care practices and other settings they support.
- *Creating and Participating in Opportunities to Provide Input into Program Operation:* Any institution is made up of people, which means that we all have a part to play in making sure that those institutions are fulfilling their objectives. A child psychiatry access program needs people from within and outside the organization to provide feedback and suggestions on whether the program is serving the needs of the patients who benefit from it. One way to do this would be the establishment of an advisory council. This council should be made up of a variety of stakeholders,

including children and families, who have regular opportunities to assess the work of the program and provide recommendations for improvement.

- *Developing Sustainable Funding Mechanisms:* As with other aspects of CPAPs, the methods of funding are varied. Advocacy related to CPAP funding could differ vastly depending on the source of funding. That may mean carefully monitoring your state's budget, federal or private foundation grant funding opportunities or Medicaid billing practices. It is critical to understand how your state's program is funded and whether those mechanisms are sustainable. It is also important to understand how these financial resources fit into the broader context of funding for mental health services in your state. With this context, it can help you identify potential advocacy allies or groups that might need to be educated on the importance of these programs.

Using these recommendations, health advocates can influence the successful implementation and operation of child psychiatry access programs in their state. While these valuable programs will not completely address the ongoing shortage of mental health providers, they do serve as an important stepping stone toward fully integrating behavioral health into primary care. As we continue our long-term work to achieve full behavioral health integration, we can use CPAPs as an important tool to address children's mental health and trauma and ensure that our health system works for all children and families.

For additional assistance with advocacy related to CPAPs, reach out to Kyle Marie Stock, Senior Policy Analyst with Community Catalyst's Children's Health Initiative (kmstock@communitycatalyst.org).

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