Psychiatric Pharmacists Increase Access to Specialized Mental Health Care for Children and Adolescents



A Crisis In The Making

PRE-COVID



1 in 5 children in the U.S. has a mental, emotional,

behavioral, or developmental disorder; however, only 20% of those will receive specialized care from mental health professionals.^{1,2}

MARCH 2020

COVID-19 pandemic adds further strain on mental health care system with increased severity of pediatric mental health conditions and a rise in demand for services.³

MARCH 2021

National State of Emergency in children's mental health is declared. Surgeon General acknowledges crisis through formation of Advisory Committee on Youth Mental Health and publishes recommendations for individuals, organizations, and lawmakers.^{4,5}

MARCH 2023



A joint policy statement from the American Academy of Pediatrics, American College of

Emergency Physicians, and Emergency Nurses Association highlights continued demand for pediatric behavioral health services exceeding capacity for timely access to a mental health professional.⁶

NOW

- The U.S. Surgeon General issues Public Health Advisory entitled "Protecting Youth Mental Health" highlighting effects social media use has on youth mental health. In addition, the advisory outlines roles and responsibilities in combating the youth mental health pandemic including reducing stigma, the biggest barrier to seeking mental health care.⁷
- Despite focused attention and efforts, access to mental health and crisis services remains limited with average appointment wait times of 50 days with many waiting longer or unable to access services.⁸
- Rates of suicide are on the rise, with the highest increase occurring in males ages 15-24 years. Suicide is the second leading cause of death in children and adolescents.⁹
- Further contributing to the growing youth mental health crisis is the dire shortage of mental health professionals. Depression and other mental health conditions often going untreated thus contributing to the crisis and increasing youth suicide rates in many counties across the US.^{9,10}

Early Intervention is Key



Mental health conditions are common, chronic, disabling, and often co-occur with substance use and other disorders.



Increasing access to specialized mental health care for children/adolescents is a top priority as 50% of mental health conditions begin by age 14 and 75% by age 24.11



Early diagnosis and treatment improves overall functioning, quality of life, and symptom severity.¹²⁻¹⁷

Early Optimization of Medications Improves Outcomes¹⁸

ATTENTION DEFICIT HYPERACTIVITY DISORDER

6 million people <18 years old diagnosed in the US in 2019

Early and appropriate use of ADHD medications reduces long-term risk of other mental health conditions. Early treatment can prevent poor performance in school and car accidents due to ADHD symptoms.¹⁹

ANXIETY DISORDERS

5.8 million people <18 years old diagnosed in the US in 2019

Optimizing medications reduces anxious reactivity and improves ability to learn adaptive response to stressful situations. Early intervention decreases unplanned health care utilization.²⁰

DEPRESSION

4.1 million people <18 years old diagnosed in the US in 2020

Successful medication therapy initiated early after diagnosis can reduce symptom burden, length of depressive episode, and likelihood of symptom return.^{21,22}

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Psychiatric Pharmacists Are Part of the Solution

The youth mental health crisis demands increased access to specialized, integrated care, as well as evidence-based treatment.



Psychiatric pharmacists are highly trained, advanced practice pharmacists who optimize medication therapy to improve patient outcomes and reduce health care costs.



As medication experts, psychiatric pharmacists are valued members of the health care team who help manage the complex overlap of psychiatric and medical conditions in collaboration with psychiatrists, pediatricians, and primary care providers.²³



Through a standardized process known as **comprehensive medication management (CMM),** psychiatric pharmacists:

- identify and resolve drug-related problems
- reconcile medications and support patient/family during care transitions
- facilitate medication access and adherence
- guide appropriate dose reduction and discontinuation of psychotropic medications²⁴
- assist providers with prior authorizations and reduce patient out-of-pocket costs^{25,26}

Congress Should

- Support the integration of psychiatric pharmacists into pediatric practices to increase access to specialized mental health services
- Advocate for payment of comprehensive medication management services in Medicaid, CHIP, and private insurance to ensure sustainability of psychiatric pharmacy services

Psychiatric Pharmacists Are A Trusted Resource

Providing Medication Education

ALLIE is a 14-year-old female diagnosed with severe, recurrent major depressive disorder. After a recent hospitalization for an overdose attempt, Allie is referred to an adolescent partial hospitalization program where a psychiatric pharmacist leads biweekly medication education groups. In group, Allie expresses frustration about being prescribed a new medication since previous antidepressants have not helped. She also states that she only takes



her medication about half the time since it is making her gain weight. The psychiatric pharmacist completes the comprehensive medication management (CMM) process with Allie and addresses her concerns surrounding the new medication. Together they develop strategies to improve adherence and the plan is shared with Allie's caregiver and psychiatrist for collaborative monitoring.

Delivering Interdisciplinary Team-Based Care

MIKE is a 16-year-old male hospitalized for suspected first episode of psychosis. While inpatient, a psychiatric pharmacist rounds with the team and helps select a medication which improves Mike's symptoms. As Mike prepares for discharge, the psychiatric pharmacist meets with him to provide medication education. Mike reports being worried about side effects and remembering to take the medication every day. Together Mike and the psychiatric pharmacist plan for weekly check-ins on adherence and side effect management. Throughout the next year, the psychiatric



pharmacist provides CMM and collaborates with the care team to address medication-related issues to support Mike in his recovery. Mike achieves his treatment goals including finding a medication that he can tolerate and remember to take. With the help of the psychiatric pharmacist, he is also able to quit smoking and improve his overall health.

Managing Medications for Complex Cases

GRANT is a 17-year-old male with autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), and post-traumatic stress disorder (PTSD). He is a referred to a developmental disorder clinic after treatment failure of over 15 medication trials and multiple weekly emergency department visits for impulsive, unsafe behaviors. The psychiatric pharmacist meets with the patient and caregiver for a comprehensive medication management (CMM) visit including a review of all past medication trials to assess for efficacy and safety. The psychiatric pharmacist collaborates with the team and patient to design a new medication regimen. Throughout the

transition, the psychiatric pharmacist meets with the patient biweekly to assess efficacy, safety, and the need for additional dosing adjustments. As a result of the CMM services provided by the psychiatric pharmacist, emergency department visits are reduced and Grant's caregiver notices significant improvement

in his behavior.

The American Association of Psychiatric Pharmacists (AAPP) is a professional association representing psychiatric pharmacists nationwide. Our members integrate into teams of health care professionals, making a difference in overall costs, treatment efficiencies, patient recovery, and quality of life.

References available at: https://aapp.org/advocacy/team

AAPP Brenda Schimenti, Executive Director 8055 O St, Ste S113, Lincoln, NE 68510 t:402.476.1677 bschimenti@aapp.org