



## **We Should All Be Child Psychiatrists: A Call to Action for all Psychiatric Educators in Promoting Population Mental Health**

### **Presenter:**

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### **Educational Objectives:**

At the end of this workshop, participants will be able to:

- Define interpersonal and structural adultism and describe some of its manifestations
- Explore the implications of adultism on the social determinants of mental health and population mental health
- Challenge psychiatric educators, those who identify as CAPs and perhaps even more importantly those who do not, to reconceptualize the work of child psychiatry

### **Abstract:**

“It is easier to build strong children than to repair broken men.” Spoken by Frederick Douglas in 1855 these words still ring true. And they hold great relevance to mental health professionals - even more so for those of us entrusted with training the psychiatric workforce. Against the setting of an acute on chronic youth mental health crisis and gaping youth mental health professional shortages, many child psychiatry fellowship slots go unfilled each year. This is but one manifestation of the misalignment between academia and training as usual and what is needed to meet our society’s needs. While increasing needed and long overdue attention and resources are being allocated to addressing various interpersonal and structural ‘isms, adultism is an afterthought - if thought of at all. The absence of the youth voice, the paltry allocation of public dollars to children and families, and even our own psychiatric diagnostic criteria disadvantage children and adolescents. This disadvantage has practical implications for well-characterized social determinants of mental health such as poverty and food insecurity that disproportionately impact youth.

As we seek to better understand inequity and social determinants of population mental health, so too must we critically examine how adultism impacts diagnostic processes, mental health care delivery, psychiatric educational experiences, and ultimately professional trajectories. In the face of structural siloes and professional pulls for specialization, a reframe of child psychiatry is critical for preparing ourselves, and those we train, to more effectively promote mental health as well as treat mental illness. Stronger support of a robust CAP pipeline is but one aspect of the task at hand. This work calls for interdisciplinary culturally and structurally informed collaboration and



advocacy, and it requires a developmental lens with a renewed focus on prevention.

This presentation will explore adultism's micro and macro mental health impacts on health, illness, treatment, and training - and challenge the audience, those who identify as CAPs and perhaps even more importantly those who do not, to reconceptualize the work of child psychiatry.

**Practice Gap:**

While increasing needed and long overdue attention and resources are being allocated to addressing various interpersonal and structural 'isms, adultism is an afterthought - if thought of at all. The disadvantage of children and adolescents has practical implications for well-characterized social determinants of mental health and the experiences of psychiatric trainees. In turn, there are often critically important, yet unexamined impacts of adultism on psychiatric career trajectories as well as population mental health.

**Scientific Citations:**

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Yoshikawa H, Aber JL, Beardslee WR. The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention. *Am Psychol*. 2012 May-Jun;67(4):272-84. doi: 10.1037/a0028015. PMID: 22583341.