Presidential Address: Partnering for the World's Children

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It is indeed a distinct honor and privilege for me to stand before this very august audience to present the plenary address. I am deeply humbled and extremely grateful for having been given this chance to be the incoming president of the American Academy of Child and Adolescent Psychiatry (AACAP). I stand before you at a historic moment for our beloved Academy: its 60th birthday. I would like to share with you a little bit about my journey, my vision for the Academy, and the changes, challenges, and opportunities that face us—those that we anticipate and others that we will be surprised by, but undoubtedly prepared for. The Academy has grown tremendously over the last 6 decades to become what it is today—a robust, thriving, vibrant, and wonderful organization that I call my "professional home." I am proud to have been a member for at least half that time.

However, my journey started in postcolonial, post-British India where I was born and raised. The historical events around that time had a major and lasting impact on my family that continued to reverberate in our collective psyche as I was growing up. While my mother's family was well settled and resided in Pakistan, my father's family lived in India. During the partition of the 2 countries, there was a massive movement of people across the border and my mother's family was uprooted and forced to move to India—essentially refugees, having left everything behind in Pakistan, re-settling, and starting from a scratch—all too familiar, I might say, for many of us who are first-generation immigrants in the United States.

During my medical school years, I was most happy on my pediatric rotation, developed a love for working with children, and subsequently completed a residency and board certification in pediatrics. However, in addition to my interest in the medical well-being of my patients, I was always intrigued by my patients' life stories, the social and psychological issues that mattered to them, and how those issues influenced them as individuals and the impact they had on the course of my patients' medical illnesses. At the time, I was completely unaware of the field of psychiatry, let alone child and adolescent psychiatry. However, after moving to the United States, many options suddenly became available to me, and, given my innate interest in the psychological and mental lives of my pediatric patients, I decided to pursue the field of child and adolescent psychiatry.

In preparing for this plenary, I afforded myself the opportunity to learn a little more about the origins of our field and the founding of our Academy in 1953. William Healy, MD, a pioneer psychiatrist and criminologist, established the first child guidance clinic in the United States in 1909, and was an early advocate and promoter of both the interdisciplinary "team approach" and the "child's own story" in treatment and research.[1] Among his contributions to the field of criminology are his book *The Individual Delinquent* and his "multifactor theory" of delinquency, which broadened the field and moved it away from European criminology's stress on genetic factors alone.[2] Healy developed an elaborate methodology for the complete study of the offender by a variety of specialists. The founders of our Academy and each of the past presidents have moved us forward, inspired us with their leadership, and enriched us—such that today our Academy is a leading voice in the world when it comes to child and adolescent psychiatry. Our members are uniquely qualified to integrate knowledge about human behavior and development from biological, psychological, familial, social, and cultural perspectives with scientific, humanistic, and collaborative approaches to the diagnosis, treatment, and promotion of mental

health in children and adolescents, and to uphold the mission of AACAP.[3]

But what does the future look like for us as child and adolescent psychiatrists and for our Academy? In the decade to come, our nation will experience continued population growth and an increasing need for mental health care and the well-being of our children and their families. We will also welcome a trend whereby we will continue to experience shifting trends in increased public knowledge and more accurate perception of mental illness. We are certainly on the cusp of great change in our health care system, which begs the following questions: What will the delivery of mental health services look like in the near future? Will the treatments be evidence-based? How much will they cost? Will our patients get better? How will these outcomes be measured?[4] A recent study revealed that the total number of primary care visits for persons with a psychiatric diagnosis increased significantly albeit faster for youth than for adults, but that, at the same time, visits to a psychiatrist also increased significantly faster for youth than for adults. Therefore, compared to mental health care for adults, that for young people has increased more rapidly and has coincided with increased psychotropic medication use.[5] With the public being more educated, they too have come to demand and expect more from their providers, and while they are much more knowledgeable about medication choices, they are less so about evidence-based psychotherapies. In addition, the various advocacy groups have been relentless in providing support to patients and their families, preparing and disseminating educational materials, lobbying politicians, and partnering with us to level the playing field when it comes to mental and somatic health. As was the case with cancer, HIV, and other infectious diseases that have been stigmatizing over the decades, scientific discoveries and innovative treatments that work have helped to put a dent in the issue of erasing stigma.[4]

As we have learned, much of the pharmacological treatment is provided by a nonpsychiatrist physician. This in part reflects the growing problem of workforce shortages and long wait times to be seen by a child and adolescent psychiatrist. It is estimated that there will be a severe physician shortage in the United States in the next few years across all disciplines. Although there are new medical schools that have opened graduate medical education (GME) funding, residency training has remained stagnant if not decreased. This is quite a pressing issue that will need to be urgently addressed. It is ironic that although the Affordable Care Act (ACA) will allow many uninsured persons to receive care, there will be far fewer providers that they will be able to access.

The stakes are rather high, with mental illness having a significant effect on the country's youth, their families, and our communities. In a recent study of mental health policy, Richard Frank and Sherry Glied assessed whether people with a mental illness were better off now than 50 years earlier. They answered that question with the name of their monograph: "Better, but Not Well."[6] Although health reform creates opportunities to improve care for many Americans, the safety net for individuals with the most serious mental illness is much stressed. The hardest hit are children's mental health services despite the fact that children's mental health problems have been called "the major chronic diseases of childhood."

Over the next decade, we cannot underestimate the power and the magnitude of 2 forces that have come to bear on us, and the change that they will bring. The first is the rapidly rising cost of health care, and the second is the increasing pace and momentum of scientific discovery. The former has resulted in health care reform initiatives—such as the Patient Protection and Affordable Care Act, a process that will change the way in which health care is provided and financed. The latter will lead to changes in our understanding of the mind, brain, and behavior, and how scientific advances will transform our ability to treat mental disorders. I suggest that we embrace these changes; they will ultimately improve the quality and status of our profession. Toward that end, we should make every effort to learn and to educate our members about what to expect as the health care reform process unfolds, and how it will affect current models of care, professional roles, and methods of reimbursement.

A large majority of mental illnesses seen in adults have their origins in childhood and adolescence, but the average lag time to treatment is 8 to 10 years. Early diagnosis and treatment of these disorders will thus have an impact on their prevalence and course in adult life. According to the Centers for Disease Control and Prevention (CDC),[7] just 1 in 5 children either currently or at some point during their lifetime will have had a seriously debilitating mental disorder, but only about 20% of these youth receive treatment. More youth and young adults continue to die by