



**Testimony of Adair Parr, M.D., J.D.
Child and Adolescent Psychiatry Fellowship Training Director,
Children's National Medical Center and
Assistant Professor of Pediatrics and Psychiatry,
George Washington University Medical School**

**At the hearing on
B19-0211, The "South Capitol Street Tragedy Memorial Act of 2011"**

**Before the Committee of the Whole Council
Of the District of Columbia**

June 2, 2011

Good afternoon, Chairman Brown and Council members. Thank you for the opportunity to submit testimony on B19-0211, "The South Capitol Street Tragedy Memorial Act of 2011. I am a child and adolescent psychiatric physician at Children's National Medical Center, where I practice in both inpatient and outpatient settings and am the training director for our Child and Adolescent Psychiatric Fellows. Children's National Medical Center (CNMC) is the leading provider of pediatric and psychiatric services for children and adolescents in the D.C. area. I am board-certified in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology. I am also a member of the Child and Adolescent Psychiatric Society of Greater Washington, the American Academy of Child and Adolescent Psychiatry, and the American Psychiatric Association.

As a psychiatric physician, I typically see 15 youth per week on an outpatient basis, providing medication management and psychotherapy to patients with anxiety disorders, mood disorders, ADHD, and substance abuse at Spring Valley Regional Outpatient Center and on Michigan Avenue. I am also an attending physician on our inpatient child and adolescent psychiatric units, where I typically treat 12 patients per day with severe acute mental illness.

I am pleased to offer testimony on behalf of DC Action for Children and the Child and Adolescent Psychiatric Society of Greater Washington. I hope to provide a practitioner's perspective on child and youth mental health and current trends on how to address it.

The South Capitol Street bill highlights the importance of mental health screening and treatment for the youth of D.C. It has many strengths, particularly its focus on both screening of mental and behavioral health concerns, as well as providing evidence-based mental health treatment to the District's youth.

BACKGROUND

The prevalence and potential repercussions of unidentified and untreated mental health concerns merits the Council's attention. Nationally, one in five children has a diagnosable mental health disorder. It is also important to note that one in five cases of mental illness begin

by age 14, yet only about 20 percent of children with mental health concerns ever receive treatment.ⁱ Children with untreated mental illness are more likely to experience school failure and, as they progress to adulthood, are less likely to be employed and more likely to live in poverty. Furthermore, unidentified depression and anxiety lead to increase usage of primary care services and increased health care costs.

As you are aware, in a 2009 RAND studyⁱⁱ supported by Children's National Medical Center, mental health concerns were designated a priority health condition in D.C. A substantial percentage of children in our city have mental or behavioral health problems and developmental delays. Among youth enrolled in Health Services for Children with Special Needs (HSCSN), two-thirds of qualifying diagnoses were for mental health or developmental disorders.

SCREENING

Early intervention is critical in addressing mental health. When children with potential mental health issues are not identified and treated, their emotional and behavioral health difficulties are not addressed and they may end up in crisis, or on an inpatient psychiatric unit. Identifying and treating a child early can frequently avoid such hospitalizations.

Mental health screening in schools, when implemented with appropriate family, school and community support, can be an integral part of transforming mental health systems. As part of a coordinated system of care, screening identifies vulnerable children and youth, links them to effective mental health services and contributes to positive educational outcomes.ⁱⁱⁱ The use of an effective, standardized screening tool is a crucial first step, and many evidence-based tools available in the public domain.^{iv} These tools help to measure a young person's mental health symptoms and also measure progress after interventions are put in place at school or at home.

ACCESS

Screening is critical, but it is only an initial step. Once a child has been identified as having a mental health condition, he or she must then have access to the necessary treatment. This combination of screening and access to qualified mental health providers is pivotal to the success of the "South Capitol Street Act."

Lack of accessible mental health providers, particularly child and adolescent psychiatrists, poses a major barrier for primary care physicians and families in D.C. Despite high numbers of youth with mental health conditions, the majority are not being treated for these disorders, in part due to the difficulty of accessing mental health care in the District. For example, one-third of children with episodic mood disorders enrolled in Health Services for Children with Special Needs did not have a mental health visit during the past year. Finally, at Children's National Medical Center, the wait time for a new patient in our Outpatient Psychiatric Department is 10 weeks. More children and youth are not even being identified as having mental illness and therefore go untreated.

Nationally, primary care providers provide almost half of all basic mental health treatment, with 20 percent of visits for behavioral health concerns.^v 97.6 percent of children in the District had a well-child visit in 2007.^{vi} Thus, primary care physicians play an important role in children's mental health. However, there are substantial barriers to providing mental health care in the

primary care setting, including a lack of training, lack of time, difficulties referring identified cases and lack of knowledge of available community resources.^{vii}

SYSTEM OF CARE RECOMMENDED

The good news is that the District of Columbia is well positioned to provide a collaborative system of mental health care to its children. The majority of the District's children and youth have both health insurance and a medical home. This provides an ideal opportunity for collaborative efforts between psychiatrists and primary care pediatricians. Several states -- including Massachusetts^{viii}, Minnesota and Washington State -- have already instituted successful collaborative pediatric psychiatry programs. Nevertheless, such models are different from traditional models of mental health care and require different reimbursement strategies, as recognized in the bill's proposal to reimburse behavioral health providers for collateral contacts related to patients under the age of 21.

In summary, with this important piece of legislation, D.C. has the potential to create a collaborative system of pediatric mental health care, which may eventually serve as a model for other cities. I welcome the opportunity to work with you to develop an evidence-based system of mental health care for the children and youth of D.C.

Thank you for this opportunity to testify. I am happy to answer any questions.

ⁱ Mental Health: A Report of the Surgeon General. SAMHSA, 1999.

ⁱⁱ Chandra, A., Gresenz, C.R., Blanchard, J.C., Cuellar, A.E., Ruder, R., Chen, A.Y., Gillen, E.M. Health and Health Care among District of Columbia Youth. RAND Health (supported by Children's National Medical Center), 2009.

ⁱⁱⁱ Weist, M.D. (2007). Mental health screening in schools. *Journal of School Health*, 77(2), 53-8.

^{iv} Massachusetts General Hospital [School Psychiatry Program](http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp) and the [Mood & Anxiety Disorders Institute \(MADI\) Resource Center](http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp). http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp.

^v Gardner, W. and Kelleher, K., 2000; New Freedom Commission, 2003.

^{vi} Chandra, A. et al., 2009.

^{vii} Horwitz, S.M., Kelleher, K.J., Stein, R.E., Storer-Isser, A., Youngstrom, E.A., Park, E.R., Heneghan, A.M., Jensen, P.S., O'Connor, K.G., Hoagwood, K.E. (2007). Barriers to the identification and management of psychosocial issues in children and maternal depression. *Pediatrics*, 119, 208-218.

^{viii} Holt, W. Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. The Commonwealth Fund, 2010.