

Testimony to Senate Committee on Public Health and Welfare

January 19, 2017

Madame Chair and members of the committee, thank you for allowing me to present written testimony regarding Senate Bill 32. I am a practicing child psychiatrist and also serve as Medical Director for Family Service and Guidance Center, a CMHC in Topeka. I also chair the organization that represents all the psychiatrists and other medical providers who serve our Kansas CMHCs. This bill is designed to expand medical student and residency loan assistance, and practice commitment agreements, to the specialties of general psychiatry and child psychiatry, for those committed to practice in the designated areas or mental health facilities in Kansas that most need these services.

Kansas, like most states, has a shortage of psychiatrists. For our state, the shortage is extreme in all but a few counties. Outside our most populous counties, access to a psychiatrist is very limited or simply unavailable. According to statistics from KU, there are only 230 board certified psychiatrists in Kansas. Of these, 70% are in the northeast corridor (Johnson County with 106, Douglas 11, Wyandotte 4, Shawnee 30, Riley 10), and 30% of these providers are over the age of 65. Throughout the other 100 counties there are only 69 psychiatrists (32% are over 65); 88 counties have no psychiatrist. Sedgwick County has 36 psychiatrists (31% over age 65). The scarcity of child psychiatrists is even more extreme as only 34 of our 230 psychiatrists are board certified in child and adolescent psychiatry, and over 20% are over age 65. Only 6 Kansas counties have a child psychiatrist.

My agency is a specialty center for child and adolescent mental health. Our child psychiatrists assist some of the rural CMHCs by providing televideo consultation to providers at centers that lack child psychiatry. However, such efforts are not nearly adequate to fill the void. The majority of CMHCs in the state do not have a child psychiatrist on staff due to lack of providers and difficulty recruiting to rural areas. Recruitment of general psychiatrists to our rural counties is also very challenging as there is currently little incentive for providers to select a location outside an urban area. Just as it does for primary care providers, this bill will provide valuable assistance in encouraging Kansas trained psychiatrists to practice in areas of Kansas where they are most needed.

While fewer medical students consider psychiatry training, the need for such providers is only growing. Our state and nation face a growing crisis in mental health with ever decreasing numbers of providers, inadequate reimbursement for mental health services, and over-burdened safety net clinics that are increasingly the only treatment option for our most severely ill citizens. If we, as a state, do not take steps to improve our manpower and coverage limitations we will have an ever increasing number of our citizens with no access to psychiatric care. This bill can help to address this problem and I ask that you support it. Thank you for your time and consideration.

Eric Atwood, DO
Child & Adolescent Psychiatrist
Family Service and Guidance Center
Topeka, KS