

From Psychoanalysis to Neuroscience &
Genes: The Evolution of the
Development of the "Academic
Specialty" of Child Psychiatry

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Objectives

- Briefly discuss my own career pathway
- Quickly summarize the history of child and adolescent psychiatry
- Discuss where our specialty fits in dealing with the problems and possible solutions facing the mental health field

A Quick Course on Glen Elliott

Training – 71-86

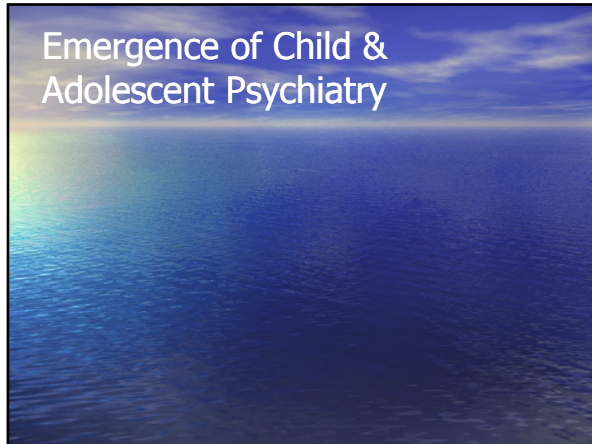
- Medical School at Stanford
 - PhD in Neuro- and Biobehavioral Sciences
 - General medical education
- Health Policy Research at the IOM/NAS
- General Psychiatry training at McLean
- Child and Adolescent Psychiatry training at Stanford

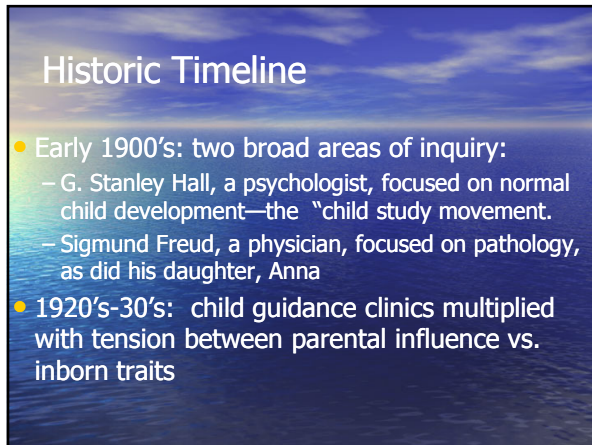
Work and Professional Titles

- Faculty, Stanford C&A Psychiatry – 86-88
- UCSF
 - Director, C&A Psychiatry – 89-06
 - Emeritus Prof of Clinical Psychiatry – 06-present
- Children’s Health Council
 - Chief Psychiatrist – 06-present
 - Interim Outpatient Services Director – 07-08
 - Medical Director – 08-present
- Stanford C&A Psychiatry
 - Clinical Professor (Affiliated) – 06-present
 - Associate Training Director – 10-present

Interests

- People
- Brain Function
- Severe mental disorders, especially as they arise and manifest themselves in children
- Appropriate use of psychoactive medication, especially in young patients
 - Identification of appropriate treatment targets
 - Monitoring of short- and long-term effects







Historic Timelines (cont.)

- 1943: The American Psychiatric Association (APA) created a Committee on Psychopathology of Childhood that became the Committee on Child Psychiatry in 1949
- 1948: American Association of Children's Psychiatric Clinics formed to set standards for child guidance clinics
- 1949: Creation of NIMH, which under its first director, Robert Felix, supported training for mental health professionals, including child psychiatrists

Historic Timelines (cont.)

- Early 1950's: creation of the Academy
 - Founding meeting in 5/51
 - First convocation of 96 psychiatrists in 2/52
 - First annual meeting in 2/53
- 1957: Combined lobbying of APA and AACP led to subspecialty certification with ABPN
- Late 1950's: Child guidance center influence yielded to medical school centers
- 1963: training standards for child psychiatry laid out with collaboration from APA and Association of American Medical Colleges

Historic Timelines (cont.)

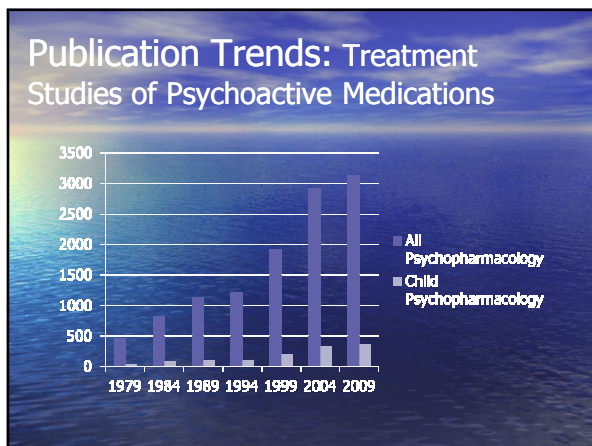
- 1960's and 70's: Academy expanded from small band of luminaries to representative body for child psychiatry
- 1962: Journal of American Academy of Child and Adolescent Psychiatry started
- Late 1970's and 80's: "biological" researchers began to focus on mental disorders of the young
- 1986: "Adolescent" added to Academy title to explicitly stake claim to age range from birth to pre-adulthood

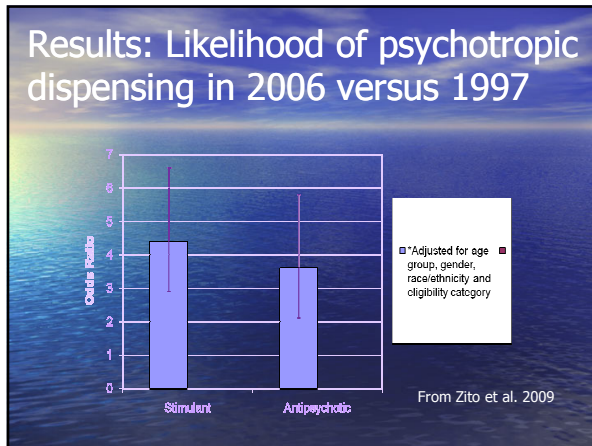
Historic Timelines (cont.)

- 1989: The Institute of Medicine did a study funded by NIMH called Research on Children and Adolescents with Mental, Behavioral, and Developmental Disorders, leading to reorganization within NIMH to create a Child Study Branch
- 1990's: large-scale clinical trials with child populations we initiated, mostly successfully
- 1990's to present: technology made detailed assessments of young brains far more feasible, even as growing sophistication with genetics pushed frontiers in that arena

Historic Timelines (cont.)

- 1990's to 2000's: Optimism about medications quite high but fragile. Other treatments seen as "not medical," of questionable value, and costly
- 1990's to present: Intensive interventions, e.g., hospitalization and extended residential care under increasing attack
- 1990's to present: Pressure to define C&A psychiatrists as "medication prescribers" quite high





- ### Changes in Psychiatry and Mental Health Care
- Over past 25 years
 - Decreased utilization of hospitalization
 - Increased pace: "I don't care what's wrong, fix it!"
 - Increased reliance on medication
 - Strong public interest in "alternative" interventions
 - Greater focus on "diagnosis," less on formulation
 - Wider diversity of treatment approaches, many not necessarily delivered by psychiatry
 - Complicated payment systems

Where Are We Now

Quagmires and Dilemmas

The Diagnostic Quagmire

- Child diagnoses of mental disorders are a mess
- We have no—and lack immediate prospects for—objective criteria
- Different specialties offer differing views and “explanations” of problems that all may have value but seldom if ever “capture” the entire picture.

The Treatment Quagmire

- We genuinely seem to be gaining ground for *some* disorders with *some* treatments, but progress is anything but steady
- Most treatments are symptom/problem based rather than diagnosis-specific
- We often focus on putative gains and are reluctant to consider possible drawbacks
- Assessing genuine progress for a particular patient can be an ongoing challenge

The Structural Quagmire

- Psychiatry is in a box, arguably of its own devising
 - We control the *labeling* of mental disorders but have yet to show that those labels reliably benefit patients or families
 - We increasingly are relegated to providing care and often care in the form of medication
 - In many care settings, psychiatry is an “expensive luxury,” used sparingly, if at all
- That box may be shrinking

Dilemmas for the Field

- Child psychiatry remains the step-child of so-called general psychiatry. Should it be?
- Information—new insights into how the brain works, what happens during development, and possible sources of psychopathology—is accumulating at an accelerating rate
- It is not clear that children and adolescents with severe mental disorders are benefiting from that expansion of knowledge—nor when they will do so

Dilemmas for the Field (cont.)

- C&A psychiatrists tend to think of themselves as best trained to see the child and other influences as a whole
- Yet, C&A psychiatrists increasingly are urged to accept a limited role of dispensing pills, while other mental health professionals assume leadership positions both organizationally and with respect to treatment

Dilemmas for the Field (cont.)

- C&A psychiatry seems to be attracting high-quality applicants, significantly as a result of dissatisfaction with other branches of medicine, especially pediatrics
- Yet, the very aspects of the field that attract such recruits—time with patients, a holistic perspective, multiple approaches to care—are apt to be at risk because they are time consuming and person-intensive.

Key Areas for Discussion

- Is preventing mental illnesses and behavioral and learning problems an attainable goal?
- If interdisciplinary approaches are so wonderful, why are they so rare and hard to maintain?
- What is the role of psychiatry? What should it be?

Summary

- For good or ill, we live in "interesting" times.
 - Public awareness of disorders that affect learning and mental functioning and behavior is at an all-time high
 - Methodology for diagnosing and treating such problems is advancing, albeit slower than we wish
 - Both causes and cures remain elusive
- To survive, let alone thrive, child & adolescent psychiatry must continue to reinvent itself
