

The ASAP Presidential Agenda

Introduction

Zoomers (2000-2020) have faced more traumatic stresses than other generations in recent history. Today's teens and young adults have come of age in the shadow of traumatic events including 9/11, Katrina, America's longest war (Afghanistan), the financial crisis of 2008, opioid epidemic, explosion of White nationalism, mass shootings, climate change, global pandemic with lockdown, and tragic examples of police brutality. The blistering pace of technological advancement leading to the proliferation of screens, widening gaps between red and blue states, rich and poor, young and old has functioned as accelerant to the wildfire of traumatic stresses and events. And this conflagration rages at home (diminished family cohesion), at school (decreased attendance), in the clinic (insufficient numbers of therapists/doctors), and beyond. Parents are burnt out and overwhelmed by these challenges, mitigating their capacity to help their children understand and manage their responses to these ongoing challenges. Cumulatively, Zoomers have been witness to and victimized by the proliferation of risk over resilience and insecurity over security. Risk and insecurity are not theoretical constructs – they manifest in un-wellness and this un-wellness is self-evident among Zoomers: the prevalence rates of psychopathology, behavioral health care utilization, self-harm and suicide attempts, and despair deaths have all increased sharply in the last ten years. The numbers of young adults living at home with parents are elevated, creating strain for once empty nester parents struggling to adapt. The youth mental health crisis is quickly transforming into a generational crisis with political, social, and economic implications. In short, nor the kids nor their parents are all right and there isn't much of a plan to addressing the problem.

There are impediments to a systematic response to and confrontation of this youth mental health epidemic. To start, there are insufficient numbers of adolescent, young adult, and family health and mental health care workers. Second, until Delaware proposed an insurance mandate for yearly mental/behavioral health check in *this* month (September, 2022), efforts to ensuring parity for mental and physical health have met with significant opposition among insurers and other third party payers. Thirdly, the ancillary systems with inputs into adolescent, young adult, and family mental health care (e.g education system, public welfare systems) are understaffed and ill-equipped for managing the tsunami of psychiatric emergencies and demands. Fourthly, politicians (and large corporations) are notoriously myopic with respect to public health (primary and secondary) prevention strategies and overly beholden to constituents with differing priorities and needs. And finally, an ethos of bootstrapping individualism that confounds compassionate, engaged care and blithely invalidates subjective experiences of suffering continues to define the American zeitgeist. The situation is bleak.

At its core, ASAP is dedicated to improving the well-being of teens and families by promoting adolescent psychiatry in its mission to alleviating emotional suffering and promoting the health, safety, and well being of teens and families. But waning membership and diminished morale among the ranks indicate that the society, despite its centrality as an institutional support for

teens, is failing. There are reasons why our society, like others, is faltering including diminished prominence, a membership eager to receive, but not to give, increased work demand resulting in decreased discretionary learning time for doctors, diminished need for in person meetings and networking, an appetite for CMEs that efficiently meet licensing needs, and physician burnout. If our society is to retain its role and function as a ballast of protection for teens and families, it will have to undergo its own metamorphosis.

In this document, I hope to lay out an efficient, sustainable means of doing so.

Proposal

To transform ASAP from its current state of slumbering support into a vibrant hub for expertise in the field of adolescent psychiatry capable of incisively responding to the youth mental health epidemic.

There will be three core elements to this proposal:

1. **ASAP/adult psychiatry credentialing program: the ASAP Institute.** To highlight its principal asset, I propose the development of a live and on demand adolescent psychiatry curriculum called the ASAP Institute. This educational offering will target general psychiatrists with either an interest in or need for further training in adolescent psychiatry. Successful candidates will complete ABAP credentialing in one of two pathways: asynchronous learning in preparation for taking and passing the ABAP examination *or* regular attendance at six core curriculum courses (12 hours total) leading to a collaborative group project - the publication of a paper in the Adolescent Psychiatry journal – and relatedly, a poster presentation at the yearly meeting. Successful ABAP diplomates via either mechanism will be eligible for ongoing supervision by a senior ASAP member for one year post-credentialing as ABAP diplomates.
2. **ASAP/non psychiatrist program: Friends of ASAP.** To expand the provenance of the society, its membership, and its role as purveyor of high-quality clinical information about teens, young adults, and families I propose the development of an integrated curriculum, mentorship program, and member status for non-psychiatrist called Friends of ASAP. Target non-psychiatrist targets audiences include pediatricians, adolescent medicine specialists, pediatric subspecialties, family practitioners, and mid-level providers like Psychiatric Advanced Practice Nurse Practitioners and Physician Assistants that are already functioning in certain contexts as attending adolescent psychiatrists. The Friends of ASAP program will differ from the ASAP Institute considering the differing educational needs, scope of practice, and credentialing (only ASAP Institute graduates can become ABAP Diplomates). Whereas the ASAP Institute must endeavor to teach the spirit of adolescent psychiatry – a combination of developmental attunement, family systems and therapy competence, familiarity with assessment including neuropsychological testing, and psychotherapy training with emphasis on an active, engaging approach – Friends of ASAP endeavors to enhancing clinical competence via

pragmatic skill building, mentorship, and training in collaborative care models. Like the ASAP Institute, Friends of ASAP will offer asynchronous and synchronous educational offerings that, upon completion, confers a certificate of achievement enabling ongoing supervision and mentorship among the ASAP membership capable of sustaining a collaborative care model.

3. **Curriculum development, marketing, and research.** Defining, developing, and then marketing the ASAP institute and Friends of ASAP will become the focus of the executive council and the marketing and membership committees. Senior leadership within the organization can participate in the planning and development of curriculum, the teaching of it, the pairing of mentors, and a low key prospective study aimed at assessing the relative benefit. Additionally, representative of the ASAP Institute and Friends of ASAP programs will need to present the programs at various national meetings throughout the year as an important aspect of marketing.
4. **Philanthropic focus:** Ukrainian teens. The rates of adolescent mental health problems relating to wartime trauma have all increased in Ukraine and among displaced Ukrainian teens. By establishing strategic partnerships with existing mental health initiative currently operating in Ukraine and Poland, ASAP can lend its resources to stabilizing their youth mental health crisis. Specifically, ASAP can support a collaborative care model that focuses on helping Ukrainian, and Polish, doctors, nurses, and teachers on the frontlines of caring for Ukrainian youth. ASAP may plan a humanitarian mission to the region, pending funding and safety assessment.
5. **Funding.** By approaching key donors with an interest in and commitment to adolescent psychiatry, ASAP will collect moneys to support this proposal. Full budget for the ASAP Institute, Friends of ASAP, marketing, and philanthropic focus pending (goal for development around \$25,000 minimum).

Mission: To offer practical training in adolescent psychiatry for general adult psychiatrists (ASAP Institute) and non psychiatrists (Friends of ASAP) culminating in credentialing, mentorship, and expansion of expertise in the practice of adolescent psychiatry.

Vision: By creating two parallel educational initiatives, the ASAP Institute and Friends of ASAP, ASAP intends to expand the numbers of qualified adolescent mental health care workers, disseminate vital clinical information to practitioners, and promote engagement in the society.

Values: Professionalism, clinical rigor, supportive educational environment, inclusion.