The Lead in Peds

Transcript: Season 1, Episode 9 - Whole Picture: Integrating Mental Health into Pediatric Care

Host: Nathan Kuppermann, MD, MPH

Guest: Jennifer Dorr, DO, MPH

Dr. Nathan Kuppermann (00:00):

One in five children in the United States have behavioral health conditions, yet most never receive the care they need. At Children's National, caring for the whole child means caring for both body and mind. That's why our teams are finding new ways to bring behavioral health into everyday care. In oncology, that kind of integration with psychiatry is uncommon, but Dr. Jennifer Dorr is on a mission to change that. As a child and adolescent psychiatrist specializing in psycho-oncology, she provides vital support to children with brain tumors through every stage of diagnosis and treatment. Her role, made possible through a transformational investment by an anonymous donor, is one of the first of its kind.

(00:46):

Welcome to The Lead in Peds, the podcast where we highlight the breakthroughs driving pediatric research and clinical care. I'm your host, Dr. Nathan Kuppermann, Chief Academic Officer and Chair of Pediatrics at Children's National Hospital. Today, we'll explore how psychiatry and oncology are coming together and how that model could reshape behavioral health across pediatrics. Welcome, Dr. Dorr, or Jen.

Dr. Jennifer Dorr (01:11):

Thank you. Thanks.

Dr. Nathan Kuppermann (01:12):

How are you doing?

Dr. Jennifer Dorr (01:13):

Good. How are you?

Dr. Nathan Kuppermann (01:14):

Great. Great to have you on the podcast. Before we start, I just want to open it with a question for you. As you know, in pediatrics, children sometimes say things that could take our breath away. They change the way we think about things. Just want to know, I'm sure you've had an experience, but do you want to give us an example of an experience you've had with a child that they said something that changed the way you think about your work or think about what you do?

Dr. Jennifer Dorr (01:41):

Wow. I have so many examples of that. I think these patients really touch me to my core every day when I meet with them. One example that comes to mind is I had a patient who said once,

"Everyone has magic in their hearts, you just have to find it," and this was a patient who was really undergoing a tough brain tumor diagnosis, hard treatment with chemotherapy radiation, and still found it to explore that and to be able to say, "Everyone has magic in their heart." I just think that is really magical in itself and really special that she said that, so I like to take that with me.

Dr. Nathan Kuppermann (02:14):

Yeah. I love that. That's a great example. I'm going to give you just also a small example of my own experience. I'm a pediatric emergency physician by clinical training. Early in my career, I see a lot of children who are injured and have cuts. I used to have a joke that I realized probably was not the best joke. I was caring for a 10 or 11 year old kid who had a laceration, a cut on his arm that I had to repair. I went up to him and I said, "I can fix this or we could just cut off your arm." He's 10 or 11. I thought he liked a joke. He looked at me, but then he got the sedation necessary and we fixed the repair. Afterwards, he presented to me a picture that he drew of this crazy doctor with a bag over his head and a chainsaw, and I thought, "Maybe not the best opening for me with children like that." Anyway.

Dr. Jennifer Dorr (03:08):

I love that.

Dr. Nathan Kuppermann (03:11):

Jen, the fields of psychiatry and oncology don't commonly overlap. That is, we don't think about them as overlapping, yet you have really built an amazing program and a career around that. Why don't you explain a little bit of how you got there and what your work involves?

Dr. Jennifer Dorr (03:29):

I always knew from a young age that I wanted to go into pediatrics and to work with children. Then in high school, I watched my grandmother go through cancer and treatment and I thought that being a pediatric oncologist was something I would pursue. I started a pediatrics residency and then realized how my passion really is in behavioral health and mental health, and to really help kids and teens going through what they're going through. I switched to psychiatry, did my residency, did my fellowship in child and adolescent psychiatry actually here at Children's National.

(04:02):

Then I was meeting with my chair to talk about jobs for when I graduated because I knew I wanted to stay at Children's. I didn't apply anywhere else. I was meeting with her to discuss what positions were opening, what was available for me to go into. She said she thought of me because there was this amazing new opportunity where an anonymous family donated a large sum of money to the Brain Tumor Institute, and part of that money was going to go with integrating a psychiatrist into the neuro-oncology clinic itself. I think my story just came full circle then, because I really feel like this is my God-given calling, honestly, to work with these patients and work in the aspect that I do with them with behavioral and mental health.

Dr. Nathan Kuppermann (04:43):

Wow. It is the power of these transformational gifts that we receive. That's incredible. Jen, can I just ask you to explain to our listeners would be helpful the difference between psychiatry and psychology, because people hear both those terms frequently. Could you just describe for us the difference between the two?

Dr. Jennifer Dorr (05:01):

Sure. I think this is an important difference. Each specialty and each practice are experts in what they do. Psychiatrists, like what I am, we are physicians. We work to integrate and really know how to integrate mental health, behavioral health, and physical health. We go to medical school. We have special training in different therapies, especially if you're a child and adolescent psychiatrist in child development, how these things impact. When I see a patient, I can see them for diagnoses. I could do individual therapy or other kinds of therapy that I've been trained in, and I can give them medications if needed. That's a very important role.

(05:42):

I think psychologists are trained a little differently. They're trained... I think it depends on what psychologists you are, but they do therapy and really focus on the therapeutic aspect of treatment. Put us together, and I think it's a great combination and we work really well together to help our patients. But I think sometimes psychiatrists can get pigeonholed a bit into prescribing medications because we're the only ones that can. When in reality, we can do more and we are trained in therapy and really help with those aspects as well.

Dr. Nathan Kuppermann (06:16):

Why don't you give us an idea of some of the challenges you've had to overcome for integrating psychiatry into a field that is typically focused on the medical approach to these tumors, and people don't typically think about psychiatry as part of that. What were the challenges?

Dr. Jennifer Dorr (06:37):

Sure. I think first of all, the neuro-oncology team has been so wonderful and so accepting and really values me being a part of their clinic. I think that made it a lot easier. I think some of the challenges are, for example, there's one of me. While I sit in the neuro-oncology clinics and neuro-oncology patients are my priority and I do neuro-oncology based research for psychiatry, I see all the oncology patients who have psychiatric needs at Children's. I think that's a challenge in itself, and that just shows that the child and adolescent workforce is small, and we are not meeting the needs of our children and our teens right now currently, with mental health and behavioral health for our kids.

Dr. Nathan Kuppermann (07:17):

Yeah. It's interesting. This is a crisis for a lot of pediatric subspecialties, but I think in particularly pediatric psychiatry, just the great demand, but under provision of services that we have.

Dr. Jennifer Dorr (07:30):
Absolutely.

Dr. Nathan Kuppermann (07:31):
But tell us a little bit about specifically your role in psycho-oncology and why it's so critical in the treatment of children with brain tumors, brain cancer.

Dr. Jennifer Dorr (07:43):
Psychology actually is a big field and includes psychologists, social workers, child life, art therapists, music therapists, a great, amazing team. Though, if a patient has psychiatric needs prior to my role, they would be referred to a psychiatrist. Typically, the wait list right now for child and adolescent psychiatrist is about six months to a year, and frankly, these children don't have six months to a year, sometimes to live, unfortunately and sometimes... Well, I would say all of the time to wait for that kind of treatment.

(08:14):
I think brain tumors are so different in a sense than other cancers because not only is going through a chronic medical disease impacting a patient and their mental health, I think the brain tumor also itself is physically in the brain, so affects every part of the brain. That's why it's so important to have psychiatry right there, and I'm able to see a consult that day when the neuro oncologist thinks it would be helpful, the psychologist thinks it would be helpful, and they just walk into the room next door and see me. I think that's so advantageous for our families and our patients.

Dr. Nathan Kuppermann (08:49):
Do you partner with psychologists and child life specialists or do you replace them or how does that partnership work?

Dr. Jennifer Dorr (08:56):
That's a great question. I definitely don't replace them. We all have our niche and our extremely important parts of the team overall, and we definitely partner together. We meet at least weekly, but typically I talk to someone from the team at least daily about mutual patients. The most rewarding experiences I have are when we have a full team helping to support a patient. I think Children's National really does a great job of that, especially in the neuro-oncology clinic. Every patient is treated by a multidisciplinary team, and I think that is really beneficial to the patients and their families.

Dr. Nathan Kuppermann (09:28):
Yeah, so true. I've had discussions recently over the last week about the need really for multidisciplinary teams for so many conditions and pediatric brain cancer is a great example of that. When a child's diagnosed with a brain tumor, initially everyone's focused, of course, on the medical treatment or the surgical treatment of the condition and behavioral health issues are probably a little bit thought of as a little bit secondary, but obviously really important and can present, I imagine, in subtle ways. What's your approach to a child with brain cancer, and how do

you assess them for behavioral health issues, both at diagnosis and on their journey through treatment?

Dr. Jennifer Dorr (10:15):

I've started a screening protocol in the neuro-oncology clinic here at Children's where I have families, so the parents or the guardians fill out a screener, and that helps us understand some psychosocial stressors the family already is going through at the time of diagnosis, as well as talk to other members of different teams, because maybe a child comes in with a diagnosis of autism or already has anxiety, and those things are very important factors.

(10:41):

Then we also look at brain location of a tumor. For example, if a tumor is in the frontal lobe, a pretty simple example is that the kid may present with some impulsivity issues, or they might get worse. However, as we all know, the brain is so amazing, it doesn't just stop where the tumor is. There's inflammation, there's necrosis, treatment. All of that affects other areas of the brain and how a patient could present and what they could struggle with while going through treatment.

(11:09):

I think diagnosis plays a big part in that as well, especially different prognosis that go along with different diagnoses, and something I'm really excited about, but I think we're a few steps away from doing this, but something I'm really excited about, a lot of the neuro-oncology research is being done in the molecular makeup of these brain tumors. I think that that is also going to be able to tell us something about how the patient... What kind of behavioral health, mental health struggles they're going to have based on maybe that molecular type, just like we see with radiation, just like we see with different chemotherapies and different locations of the tumor. There's a lot of exciting things that I want to work on and find out.

Dr. Nathan Kuppermann (11:52):

You said something that's really intriguing to me and I'd love to just to expound a little bit to our viewers and listeners. You're talking about the location of the brain tumor and perhaps, many of our viewers don't really understand how the location of a brain tumor can affect a child's emotion, mood, behavior. You talked about the frontal lobe. Maybe you can describe that a little bit and how does that differ from a brain tumor presenting below the tent or in different locations of the brain?

Dr. Jennifer Dorr (12:21):

Absolutely. The brain is made up of different lobes and each lobe has its primary function. What we see the frontal lobe, the front part of your brain here, primarily responsible for is executive functioning, some impulse control, some behaviors. If a child is struggling with neurotransmitters in their frontal lobe, we see things that can emerge like ADHD, attention deficit hyperactivity disorder. They may have some problems with impulsivity. They may present with some strange behaviors that the parents haven't seen before. That versus if the tumor is in another part of the brain, a patient may present with more depression or more psychotic

symptoms. It's really, really fascinating how some of these things come together with the anatomy of the brain.

Dr. Nathan Kuppermann (13:12):

Aside, as the child's treated, do you see resolution of those behavioral symptoms or do they persist regardless of treatment or what's been your experience there?

Dr. Jennifer Dorr (13:22):

I think it depends. It depends a lot, which is why I think there's still so much we don't know. We do see resolution with treatment, though I think in patients without brain tumors, we can see resolution of symptoms with treatment. Now, once the brain tumor is removed, some symptoms do get better and some symptoms change and present differently. I think that is a individual based answer and the reason why it's really important to have a child and adolescent psychiatrist available to help you figure out and understand and follow those symptoms.

Dr. Nathan Kuppermann (13:56):

Yeah. Let's talk a little bit about the patient and their family and how they cope with the diagnosis, actually from the time of diagnosis through their treatment journey. What have been your observations about that?

Dr. Jennifer Dorr (14:10):

Every day these patients and their families truly amaze me. I think resilience is too small of a word to even express and explain how these patients and families handle things. I think that coping is easier when you do have that multidissciplinary team behind you supporting you. I think that when that team can get involved from the beginning, coping can also be much easier and be more supported. I think a lesson I really learned from a lot of these patients and their families is living in the moment and really cherishing and treasuring those good times because you don't know what the future holds. I think it's one thing to say that and one thing to actually do that. These families really, really do that and make good use of the time they have.

Dr. Nathan Kuppermann (14:58):

Yeah. That's very poignant. Let me ask you a continuation of that thought and thread. What do you see as the impact of your intervention as a psychiatrist in terms of treatment adherence, short-term outcomes, long-term outcomes? Can you comment on that?

Dr. Jennifer Dorr (15:15):

That's a loaded question and I think a very important one too. I think coming in as a psychiatrist from the beginning, instead of coming in six months to a year later, really has an impact. We can start to see some of these risk factors in a family play out or how stressors play out in the families and the patients themselves. I think adherence to medication management, adherence to treatment, there can be so many different reasons.

(15:42):

A lot of times, teens don't want to take medication simply because they have no control over what's going on. They have no control over the cancer and the treatment they have. If they can get those interventions soon or rather than later, I think that's really helpful and leads to not only adherence, I think it breaks stigma for behavioral health and mental health. I think when patients and families meet me, they say, "You're part of the team," and that's an amazing thing, I think, because there's still unfortunately, a lot of stigma associated with having a mental health illness. I think going through cancer treatment in itself is going to be difficult. Who wouldn't need some support with that?

(16:27):

I think having me there early and then following the family through can only help prognoses. I think research has shown that psychiatric involvement early in general in mental health conditions helps patients' long-term prognosis and outcomes. For example, if you have someone with psychosis, you intervene earlier, of course they can be more functioning later in life. Why wouldn't that have an effect also on our patients with brain tumors? Of course, it would. I think that's really important to study and to show as well.

Dr. Nathan Kuppermann (16:58):

Great. Actually, it's a perfect segue into a broader series of questions I want to ask you. Your work, of course, focuses on psychiatry and its role with children with brain tumors and oncology in general. But as you know, we're having a pediatric mental health crisis in this country that transcends all fields. We know the numbers are increasing of children behavioral health needs. The number of pediatric psychiatrists, as you mentioned, is low. A lot of these children end up in emergency departments because there aren't other resources. I would love to hear what you think are some driving factors around this, I'll call it an epidemic of pediatric mental health issues. Also, what can we learn about your models of care and ways to address this? I know it's a very challenging question, but would love to know your thoughts.

Dr. Jennifer Dorr (17:54):

I actually love this question. I do a lot of advocacy work and I'm very passionate about advocacy. I think number one, where we need to start is to reduce stigma overall. It's not weird to have to see a psychiatrist. Someone's not labeled crazy. I think having emotional support is really important, and really helps people in general. I think the mind and body are so intricately connected, and we're finally, as a society, figuring that out and understanding that. I think why that's so important as well in psychiatric oncology, a lot of times people say, "Well, patients with cancer are so resilient a lot." Of course, that's true. A lot of times they won't have PTSD.

(18:37):

However, patients with brain tumors have a bit of a different outcome. They typically have more PTSD than their age match cohorts and also, than with other oncologic diagnoses, as well as, and I think this is the most alarming, they have higher suicidal ideation than their age match cohorts with other types of cancer and without cancer. Something's different, and I think we know that and we can see that and we see that clinically, especially.

Dr. Nathan Kuppermann (19:07):

Yeah. I can imagine children with cancer already are going to have behavioral health needs. It's just intuitive. It's a very heavy diagnosis for both them and their families to carry. Of course, if that cancer is in your brain, it would make good sense that the needs are even greater. Are there other areas in pediatrics, other fields or other diagnoses that you think are particularly in need of more behavioral health interventions?

Dr. Jennifer Dorr (19:34):

Absolutely. I think a twofold answer. Just to go back also to your previous question, I think number one, it's the stigma, and number two, it's the access. Behavioral health access is not equal for everyone in the nation. I think that has a lot to do with where someone lives, with what kind of medical insurance they have, and with mental health parity overall. Mental health parity means that an insurance company should pay as they would for a physical illness, for a mental health illness for those visits. I think in reality, that's challenged a lot, and I think that's a big problem. I think we have to somehow figure out how to increase the workforce with child and adolescent psychiatrists. It's a long, long training, and I think that we have to incentivize people to go into this rewarding field.

Dr. Nathan Kuppermann (20:23):

You said something that also deeply resonates with me, which is the piece about advocacy. I know you do a lot of advocacy work, as do I. Fortunately, since we live here in Washington, I'm up in Capitol Hill a lot to advocate for pediatric health and a number of issues. But what do you think are the most important advocacy points and changes that healthcare policy makers need to make to ensure that behavioral health is just incorporated into pediatric healthcare?

Dr. Jennifer Dorr (20:56):

Number one, and I think something that is really being challenged right now is continuing telehealth access. Prior to COVID-19, telehealth rules were a bit different. To provide telehealth, providers and sometimes patients had to be in specific locations. When I do telehealth now, I can be in my location and the patient can be at home. That was different back then. They'd have to go somewhere specific. Then when COVID-19 happened, a lot of behavioral health telemed restrictions were changed, including some in person requirements. Those right now have continued to be extended, but for how long, we're not sure. I think we really have to continue to have those telehealth rules extended, so that we don't have a specific requirement to see a patient in person.

(21:44):

A great example of that is some of my patients are immunocompromised. I'll see them when they come into the oncology clinic and then, I may not see them for a while, but I can see them every week by telehealth. If there were those in person requirements that I'd have to see them so often, they wouldn't be able to be seen. I think they need the access and the care just like anyone else, so promoting the telehealth is really important.

(22:10):

Another advocacy point for mental health will be to continue to really promote mental health and mental health prevention. For things like diabetes, we talk about prevention. You see your pediatrician once a year for a checkup, a wellness check and for psychiatry, a lot of times you don't come to see us until maybe you went to the hospital, and you went to the emergency department and you had an inpatient admission after a suicide attempt. Why was that? Well, because you're on the waiting list for an outpatient psychiatrist for six months, so you asked for help, but you couldn't get the help because none is available right now in our healthcare system.

(22:52):

Looking at that prevention, I think that's what my model is trying to achieve, where a lot of times people may say, "But child and adolescent psychiatrist is so specialized. They don't need to meet everyone." I would challenge that. I think that I should meet everyone, so they know I'm available. I don't need to see everyone every week. Of course not. I don't even need to see some patients continuously, but I think knowing I'm available, screening them, and then being able to utilize any of the services I provide, I think is a really strong benefit to our program and something that can be modeled in every specialty of pediatrics.

Dr. Nathan Kuppermann (23:28):

You said something that also resonates in terms of pediatric specialists in general, and I really want our listeners and viewers to hear what you said because we need the population to advocate for this. That is, there are not enough pediatric subspecialists, and in this case, of course, here it's pediatric psychiatry, but it's true of a number of pediatric subspecialties that are critical. As a result of that, pediatric subspecialists like you, of course, congregate in big children's hospitals and cities, but rural America does not have easy access. I really want our listeners to understand and to help advocate, to help incentivize people to enter these specialties, and we need telemedicine, for example, because we need to be able to deliver that pediatric expertise, whether it's psychiatry or gastroenterology to rural communities because a child in rural America deserves the same care that the child in urban America does. I'm hearing what you're saying around pediatric psychiatry and it may be even a bigger crisis there, than some of the other pediatric subspecialists. Really super important comment.

(24:40):

One of the things that this podcast tries to do is, we're really here to talk about the importance of different aspects of pediatric clinical care, but also to highlight how important research is to raise the bar of care. As I like to say frequently in this podcast is that the clinical care that we deliver can only be as good as that the research is being done so that we can elevate the care of children throughout DC, the region, the globe.

(25:08):

With that, I'd like to explore just a little bit about the research work that you're doing. I know that, and you mentioned just a little bit earlier in our conversation, you're doing some work around distinguishing tumor type and tumor biology and its association with psychiatric presentations and outcome. Why don't you go ahead and expand a little bit on that now?

Dr. Jennifer Dorr (25:28):

Sure, absolutely. This is my third year in this position. The first two years, I was really focused on building the clinical program. Our patients are always going to be my first priority and developing a training program to help teach residents and fellows more about psycho-oncology, so I can increase the interest. Then this year, I'm really starting to focus on what can my research do to really help this population, because they just deserve so much more than we can give them right now.

(26:00):

I think there's a lot of research going on on the medical side of neuro-oncology, and right now with my screening tool, I'm creating a database of patients and their tumor type and they're presenting symptoms and their psychosocial stressors in the family. Then I want to expand upon that and also, include the molecular makeup of their tumor type. Right now I have all that information and I'm sorting through commonalities we see in all of this. This is very beginning novel research that I think is really important and could change the field of how we practice psycho-oncology, specifically, with our neuro-oncology patients. It's going to take some time. Absolutely. I'm excited for this.

(26:47):

Another aspect I want to talk about is I formed a consortium with about five, six other child and adolescent psychiatrists who also work in large academic centers in the nation because they also do child and adolescent psychiatry for oncology patients. What makes children stand out is that I focus on the neuro-oncology patients, but I think taking that step backwards, there is no standard of practice for psychiatry in general, child and adolescent psychiatry in general in oncology patients. There's no practice parameters for medications, so we all talk and we write chapters about what is typically used. But what I think and what's so powerful in having this consortium, is we can bring our ideas together and we can discuss patients and do additional research together.

Dr. Nathan Kuppermann (27:37):

Yeah. I was just going to say that it sounds like this area is ripe for a research network. Absolutely. When you're discussing these are rare, shall we say uncommon diseases, and the psychiatric aspects of this is relatively novel, with the work that you and a few others are doing. It does seem like this is just ripe for creating a network where not only you can discuss, but do collaborative research and whatnot. That's fabulous.

(28:07):

I'm going to give you now an opportunity as we slowly come to a close, if you could just describe in the ideal world, what is the ideal world in pediatric care of an integrated pediatric health system that includes behavioral health? In there also, talk a little bit about current and perhaps new technology from telemedicine to AI, or anything else you think that would be part of that ideal integrated system.

Dr. Jennifer Dorr (28:37):

In an ideal world, we would have a child and adolescent psychiatrist available in every specialty clinic. I think that's rare in itself. We form our own specialties and say, "Okay. This is what I want to go into." I think we really can do better as a society in helping people to understand the need and the importance of child and adolescent psychiatry, and how we can get in there from the start to be available. I don't want to come in, like I said, after a patient... Of course I want to come in, but after a patient has already attempted suicide. I want to come in way before that when they're discussing the breakup that they had with their girlfriend, and then we can talk about that so they feel supported and they can get treatment early so it doesn't end up to that point. That would be my ideal system focusing on prevention.

(29:30):

How about a mental health check or a behavioral health checkup each year? I think pediatric offices are doing screening for depression and stuff, and I think that's great. I also think that's only a start, because like you said, and to bring it back, a lot of times if a patient then screens positive or screens high risk for suicidal ideation, what happens? They go to the emergency department. Then what happens? They wait because there are no psychiatric beds available. I think it's the this spiral that's happening that we're not able to go in and break that chain and we need to break that, because that's a really ineffective way to treat our nation's children.

(30:12):

I think technology and AI can only be helpful in this. I would love to use AI to type my notes because... I think we all would love that because the administrative task of being a physician or I think there are some HIPAA concerns, et cetera, with some of that. There are also some great trials and things going on with testing that for psychiatric use. I think I'm really looking forward to that.

Dr. Nathan Kuppermann (30:37):

Great. Last couple of questions I want to ask are back to your specialty. I want to ask, what gives you hope for the next generation of how child psychiatrists and oncologists will collaborate? Also, if there was your one wish that could come true in the next decade in this field, what would that be?

Dr. Jennifer Dorr (31:03):

The integration is really powerful and impactful, and I think people are noticing that. I think this anonymous grant that started my position, quite frankly, is a huge reason to have hope. People see that it's really important for these patients to be able to have psychiatric access so early. What gives me hope though in general is my patients and their families. They're just so amazing. They're very powerful. Having the opportunity to be part of their journey has been really, really something I'm grateful for and blessed to be a part of. I think people are opening their eyes to the importance of behavioral health and how the mind and body are so integrated.

(31:48):

Then you just add on to that, you have a physical tumor in your brain. Of course, that's going to affect everything, and good mental health, promotes good physical health and vice versa, so let's improve the quality of life of these children from the start. I think we've come a long way in how we approach things like radiation treatment, even needle sticks in the hospital. We've really come a long way in helping patients cope. I think there's a bigger piece to that and now, helping to prevent some of these things that they cope with. Yeah.

Dr. Nathan Kuppermann (32:24):

The final question was, if there was one thing you could change for the next decade, your one hope of what would change, what would that be?

Dr. Jennifer Dorr (32:34):

There's a lot of wishes I have.

Dr. Nathan Kuppermann (32:35):

We're going to give you one.

Dr. Jennifer Dorr (32:38):

I think that people really see the importance of having psychiatry specializing in neuro-oncology. I think that's a huge hope and a huge wish. A lot of times if we're present, we see all of oncology, which like I do, like I said. But I think having the privilege at Children's National to be able to really put my focus into how to help this particular population is really special and unique. But I think it's a good starting point to show the nation that this is something that really matters and is really important. As research continues to go on for the brain tumors themselves and hopefully be getting a cure one day for each type, I know there are cures for some types, each one's like its own disease, clearly. I think seeing that psychiatry is so important from the start throughout treatment and even after is so important.

Dr. Nathan Kuppermann (33:29):

Yeah. That's I think a very lovely synopsis. I'm going to highlight back to our listeners two important things that I heard besides... There's a lot of important things that I heard, but two things in terms of what our listeners can do to help, which is one, about advocacy. We all need to be advocates for child health and to have these great outcomes that we can have at Children's National and the other big children's hospitals, we need people to be advocates for pediatric specialists, subspecialists, the need for research.

(34:03):

Then I have to also say, these transformational gifts really do affect not only the lives of the children for whom you are caring, but there's the butterfly effect and the ripple of all the research that's generated that help children throughout the world. I just needed to make that plug. I just want to thank you, Jen. It really has been a really fun and enlightening discussion with you, and I really appreciate you joining us on The Lead in Peds.

Dr. Jennifer Dorr (34:30):

Thank you for having me.

Dr. Nathan Kuppermann (34:32):

I want to thank Dr. Jennifer Dorr for joining us and sharing her insights. In this episode of The Lead in Peds, we explored how integrating psychiatry into pediatric medicine can transform care from oncology to every corner of pediatrics. Jen's work reminds us that treating the mind is just as vital as treating the body, and that true innovation in children's health starts with the whole child. Thank you for listening. Be sure to subscribe and share this episode with anyone who wants to learn how Children's National is leading the future of pediatric research, innovation, and care.