

# FINDINGS & RECOMMENDATIONS: AVAILABILITY & GAPS IN PSYCHIATRIC WORKFORCE

During 2015, Southwest Regional Mental Health Board (SWRMHB) investigated barriers to behavioral healthcare in southwestern Connecticut. Because of widespread concern about the availability of mental health providers, especially prescribers, SWRMHB partnered with a Yale School of Public Health team to survey prescribers. SWRMHB’s Catchment Area Council (CAC) members assisted in creating a dataset to identify the availability of four types of behavioral health providers.

## Is the Number of Providers Adequate to Meet the Region’s Needs?

SWRMHB estimates that there are a total of 1631 behavioral health providers (including psychiatrists and psych nurses, psychologists, and social workers) in Southwestern CT.

Estimated Workforce in Southwestern CT	
Provider Type	Estimated Number
Psychiatrists:	221
Psychiatric APRNs:	44
Psychologists:	395
Social Workers:	971
<b>TOTAL:</b>	<b>1631</b>

- This estimate translates to a ratio of 235 providers per 100,000 population.
- **The estimated ratio of 62 clients per social worker is significantly higher than the caseload range of 40:1 – 50:1 for community mental health services found by the National Association of Social Workers.**
- Currently, less than half the population estimated to need mental healthcare is receiving services. With the current workforce, **in order to reach *all* residents in need, each mental health provider (all types) would have a caseload of 79 clients. Each social worker would serve a caseload of 133 clients.**
- A commonly recognized need is for bilingual providers. In a phone survey of 59 large behavioral health programs and clinics, SWRMHB found that 42% of adult and 59% of child mental health agencies and programs reported Spanish-language capability. 11% of adult and 29% of child practices had Haitian Creole capability. 50% of substance use practices contacted had Spanish-language capability and two reported competence in Haitian Creole. 9% overall had access to a phone translation service.

The Case Load Capacity Calculator at <http://clcc.cm-innovators.com> is a tool that can help providers identify appropriate caseload ratios compared to programs with similar scope of practice and service delivery model.

## What are the Barriers to Finding Prescribers?

SWRMHB estimates there are approximately 32 prescribers per 100,000 population in Southwest CT, which falls within HRSA guidelines recommending a 26:100,000 ratio. However:

- A shortage of 46,000-90,000 psychiatrists is expected nationally by 2025, due to demographic trends. Between 1995 and 2013, the US population increased by 37%, while the number of psychiatrists rose by only 12%.
- 59% of US psychiatrists are age ≥55 and retiring or reducing their workload. Psychiatrists responding to SWRMHB’s survey reported working an average of 29.6 hours per week, with 8 out of 44 respondents\* reporting working fewer than 10 hours per week.

*\*Representing 17% of prescribers in the region*

- Apparent gaps include expertise in child/adolescent psychiatry, geriatrics, and addictions. Hoarding is an area of concern. 27% of prescribers responding to the SWRMHB survey reported that they were trauma informed.

The primary barrier for consumers is financial.

- Because psychiatrists can command large salaries, they are unevenly distributed across the private and non-profit sectors. In 2015, a large state-funded agency had difficulty meeting salary requirements; potential hires turned down offers of \$200,000.
- At one community hospital, the retirement of a psychiatrist required reallocating a caseload of >400 clients.
- Costs of care are prohibitive—even for those who are privately insured. Among 44 responding psychiatrists\* in the region, 23 don't accept any insurance, >1/2 accept private insurance, <1/2 accept Medicare and/or Medicaid, and just 19 provide a sliding-fee scale. 1/2 of private-practice prescribers responding neither accept insurance nor offer a sliding-fee scale. *\*Representing 17% of prescribers in the region*
- Many prescribers responding to the survey felt strongly that participating with insurance affects their ability to provide quality care. They recommend streamlining or unifying insurance, minimizing requirements for prior authorization, and decreasing copays and deductibles. Several advocated for a single-payer system.

Type of Visit	Charges Noted by Responding Prescribers
Evaluation	\$150-\$750
Maintenance Visit	\$75-\$420
Medication Management	\$75-\$325

## What Solutions Can Help Bridge the Gap?

1. Proactively address the impending shortage of psychiatrists: Protect funding for the Access Mental Health CT program, which uses telepsychiatry to provide pediatricians with access to prescribers. Expand the program beyond pediatrics in order to make it available to a wider range of providers. Explore other models of telepsychiatry. 57% of responding prescribers indicated that telepsychiatry could “definitely” or “probably” play a role in their practice. Respondents were most interested in using tele-psychiatry to work with their existing clients remotely or to provide consultation to primary care providers.
2. Expand or further the scope of work of other providers. Psychiatric APRNs could prescribe suboxone for addiction. In several states, psychologists who receive additional training can prescribe psychiatric medication. Explore ways to hire and use more people in recovery.
3. Create incentive systems such as student loan repayment, tuition breaks, educational opportunities, etc. to expand the pool of doctors entering psychiatry.
4. Provide opportunities and incentives to providers to learn Spanish and to fill other gaps such as hoarding.
5. Break down procedural difficulties in using insurance to increase provider participation:
  - Streamline systems and reduce paperwork to the extent possible.
  - Consider placing all insurance formularies on a single website.
  - Seek solutions to prescribers’ sense that they have “responsibility but no power” and of being undercompensated.
  - Better promote the benefits of participating with insurance companies. (At a Catchment Area Council meeting, a couple of providers noted that reimbursements from HUSKY were not only easy but also quicker and better paid than private insurance.)
  - Investigate other system reforms, such as tort reform. Identify ways to reduce the consumers’ financial burdens, for example, by reducing their co-pays and deductibles or by requiring providers to participate in insurance and/or provide a sliding fee scale.