

Workforce Demands of Mental Health Reform

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MENTAL HEALTH REFORM is underway in North Carolina with the goals of improving access to cost-effective care, choice of treatment, and system accountability. Under the state reform plan, as described by Drs. Swartz and Morrissey in their article, Area mental health programs will become Local Management Entities (LMEs), will separate management and clinical functions, and will transition many clinicians to other independent or agency-based practice settings. Many services once provided directly by Area programs will be offered by qualified community-based providers contracting with the LMEs for patients who have been reliant on care at state facilities. Most clinical services will be provided by community-based programs, and state-funded treatment will be targeted to patients with severe mental illnesses and conditions. Less severely ill patients may seek care from primary care providers, human service agencies, and faith communities.

The changes in the system brought on by mental health reform present unprecedented challenges to the mental health workforce. These challenges come at a time in which the mental health workforce is already under pressure to change the way care is delivered and is experiencing the effects of shortages in a number of fields. Mental health professionals are also pressed to deliver care in more efficient ways, utilizing best practices for community-based and institutional care.

As system reform proceeds, several key workforce and education issues must be addressed to assure that the state has the appropriate supply and distribution of psychiatrists, social workers, and other mental health professionals, and that they are prepared to function effectively in a reformed system.

Workforce Shortage Predicted

Several national and state studies have noted significant shortages of psychiatrists, clinical social workers, and other mental health professionals. Nationally, the Council on Graduate Medical Education projects that only 50 percent of

the need for psychiatrists in the country will be met with the current levels of graduates from residency programs. A study three years ago by the North Carolina AHEC Program found similar results, with shortages particularly acute for child and geriatric psychiatrists.

As a result of these shortages, there is some concern that as psychiatrists move from employment in the public sector to private practice, they will be less willing to accept public patients, since there will be plenty of clinical work for them in private practice. Already, communities across the state are seeing increasing numbers of psychiatrists refusing to see Medicaid patients due to low reimbursement levels.

Privatization Challenges State's Ability to Train Workforce

The move to privatization also presents challenges for the training system. For over 15 years, the state's four university departments of psychiatry have worked closely with the AHEC Program to place residents in Area mental health programs in order to interest them in careers in community psychiatry and to provide them with the training necessary to succeed. This model has achieved considerable success with over 50 percent of graduates entering careers in the public sector. As public sector employment sites are eliminated, the training system will be challenged to develop new ways to focus training on opportunities to care for public patients. These issues are particularly acute in rural areas where psychiatrists working in the public sector frequently offer the only psychiatric services available, and thus the only sites for training residents in community psychiatry.

Some states have addressed the shortage of psychiatrists through greater utilization of advanced practice nurses and other providers to augment limited psychiatric resources. More effective use of psychiatric nurse practitioners, in particular, may offer the state opportunities to leverage scarce psychiatry time while improving access to care for the mentally ill.

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As Drs. Swartz and Morrissey note in their article, the current mental health workforce has considerable training needs in order to adapt care to the new environment. Reform will require clinicians of all types to utilize evidence-based treatments and emerging “best practices” in order to assure the highest quality of care and to make maximum use of limited clinician resources.

The North Carolina AHEC Program, combined with the other training offered by universities and community colleges, has provided the bulk of educational programs for mental health professionals over the past 20 years. As the need for training grows, these systems are under severe budgetary constraints. Nevertheless, the AHEC Program and its partner institutions are developing plans to implement a major training initiative in “best practices” and evidence-based treatments. Training will focus on interdisciplinary audiences wherever possible, to strengthen health care team approaches.

Another significant training need involves primary care physicians, as well as staff working in hospital emergency rooms throughout the state. As more and more patients are released from state institutions, greater numbers are seeking care from emergency rooms and primary care practices. A major training effort is needed to assure that staff working in these settings are appropriately prepared to treat those who can be handled at that level, and to refer more serious patients to appropriate levels of care. Up to now, significant training opportunities for this cadre of health professionals have not been readily available.

In addition, as clinicians move from public employment into more private non-profit settings, there is likely to be a need for additional training in practice management and related administrative topics. Although some providers are joining

existing public or private entities, others are forming new groups, and will require additional expertise to effectively manage practices to assure their viability. Consultation and technical assistance to these new organizations could greatly enhance their chances of being economically viable in this new environment.

Need for an Ethnically Diverse Workforce

Finally, as with all health fields, the need to prepare a more ethnically diverse mental health workforce is an important statewide goal for the coming years. A specific subset of this issue is the need for more linguistically and culturally competent providers to serve the growing Latino population in the state. The Duke Endowment-funded Spanish Language and Cultural Training Initiative that is organized under AHEC has made some progress in this area, but a great deal more remains to be done.

North Carolina Is Well-Prepared to Respond

These workforce and educational challenges will have to be addressed if we are to move forward as a state with a smooth transition to a reformed system. Fortunately, the state has superb training resources and a long history of collaboration among educational providers in order to meet the workforce needs of the state in this critical area. It is now time to focus these training resources more directly on the needs of a reformed system so that our mental health workforce is prepared to deliver the care that is needed and is afforded professionally rewarding careers to assure they remain in the field.