Nurses in the Behavioral Health Workforce: Trends, Tasks, and Teamwork

SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER
UNIVERSITY OF MICHIGAN

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Angela J. Beck, PhD, MPH, Director
Clinical Assistant Professor of Health Behavior and Health Education
Presentation Outline

I. About the Behavioral Health Workforce Research Center
II. Trends: summary of the behavioral health workforce
III. Tasks and Teamwork: roles of nurses in the behavioral health workforce
IV. Priority research questions for the field
V. Policy implications
About the BHWRC

- Established September 2015 at the University of Michigan School of Public Health

- Part of HRSA’s Health Workforce Research Center Network

- Jointly supported by SAMHSA and HRSA

- Interdisciplinary core research team with expertise in: public health systems, health services, social work, qualitative methods, law, medicine

- Work through a Consortium model with key advisors: Peter Buerhaus, PhD; Ron Manderscheid, PhD
BHWRC Focus Areas

**Minimum Data Set**
- Individual Data
- Discipline-specific Data Collection
- Organizational Data

**Characteristics and Practice Settings**
- Workforce Diversity
- Service Provision to Special Populations
- Team-based and Integrated Care
- Core Competencies
- Telemedicine
- ACA Changes

**Scopes of Practice**
- Legal SOPs
- Professional SOPs
- Studies on Specific Disciplines and Services
- Billing Restrictions

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Behavioral Health Occupations

Licensed professionals
- Psychiatrists
- Psychologists
- Marriage and family therapists
- Social workers
- Licensed professional counselors
- Psychiatric mental health nurses

Certified professionals
- Addiction counselors
- Peer providers
- Psychiatric rehabilitation specialists
- Psychiatric aide/technicians
- Case managers

Primary care providers
Trends: Summary of the Behavioral Health Workforce
“A Workforce Crisis”

- Increased demand for behavioral health services
- Too few workers
- Poorly distributed workforce
- Need for additional training
- Increased emphasis on integrated care and treatment of co-occurring disorders
- Lack of systematic workforce data collection

Annapolis Coalition, 2007
Maldistribution of Workforce Limits Access

- 4,000 mental health Health Professional Shortage Areas (HPSAs); approximately 2,800 psychiatrists are needed to address the shortage
- Increase from 2012: 3,669 mental health HPSAs, 1,846 psychiatrists needed
- 55% of U.S. counties (rural) have no practicing psychiatrists, psychologists, or social workers

Sources: HRSA Data Warehouse, 2016; SAMHSA, 2013
Workforce Development Challenges

• Recruitment and retention of workers
  • High turnover
  • Aging workforce

• Ensuring a diverse workforce

• More specialized training needed for serving special populations
Behavioral Health Workforce Supply

Child, Family, and School Social Workers: 291,990
Mental Health Counselors: 128,200
Psychiatric Aides & Technicians: 128,000
Mental Health/Substance Abuse Social Worker: 110,070
Clinical, Counseling, School Psychologists: 105,240
Substance Abuse/Behavioral Disorder Counselors: 94,900
Marriage and Family Therapists: 32,070
Psychiatrists: 24,210
Psychiatric MH Nurses*: 15,046

Total: 929,726

Sources:
*APNA, 2016
What is a Psychiatric Mental Health Nurse?

- APRN: RN with a psychiatric mental health graduate nursing degree: most (82%) prepared at MSN level

- Nationally certified as PMH Clinical Nurse Specialist (32%) or PMH Nurse Practitioner (68%)

- CNSs and NPs operate under same SOP, though CNS privileges may vary by state

Sources: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017; APNA, 2016; HRSA, 2015
Nurses in the Behavioral Health Workforce

• APRNs are educated, certified, and licensed to provide the full range of mental health services: PMH APRNs are more than just “alternative prescribers”

• RNs in psychiatric workforce: 3.3M active RNs, 4% report practicing in a PMH role (~136,000 RNs)

Sources: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017; APNA, 2016; HRSA, 2015
APRN density affected by:

- Number of NP graduate programs relative to state population
- Favorability of scope of practice

Source: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017
Future Supply of Psychiatric Mental Health Nurses

Nearly 30% of APNA survey respondents plan to retire in next 3-5 years

Enrollment in PMH NP programs is steadily increasing; currently 6377 enrolled at masters or doctoral level

Sources: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017; APNA, 2016
## Advanced Practice Nurse Supply Projections: 2025

<table>
<thead>
<tr>
<th>Non-Primary Care Specialties</th>
<th>Supply (2010)</th>
<th>Supply (2025)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>43,900</td>
<td>82,000</td>
<td>87</td>
</tr>
<tr>
<td>Dermatology</td>
<td>1,300</td>
<td>4,400</td>
<td>241</td>
</tr>
<tr>
<td>Emergency Med</td>
<td>5,600</td>
<td>21,700</td>
<td>287</td>
</tr>
<tr>
<td>Neurology</td>
<td>1,300</td>
<td>4,800</td>
<td>259</td>
</tr>
<tr>
<td>Ob-Gyn</td>
<td>23,000</td>
<td>53,600</td>
<td>131</td>
</tr>
<tr>
<td>Occupational Med</td>
<td>2,100</td>
<td>3,300</td>
<td>55</td>
</tr>
<tr>
<td>Phys Med &amp; Rehab</td>
<td>700</td>
<td>2,900</td>
<td>317</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>7,000</td>
<td>17,900</td>
<td>156</td>
</tr>
<tr>
<td>Radiology</td>
<td>600</td>
<td>1,900</td>
<td>213</td>
</tr>
<tr>
<td>Other</td>
<td>7,000</td>
<td>9,500</td>
<td>35</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>92,700</strong></td>
<td><strong>201,800</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>

HRSA, Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025, 2015.
## Behavioral Health Workforce Projections: 2025

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Supply</th>
<th>Demand</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Counselors</td>
<td>243,450</td>
<td>321,500</td>
<td>-78,050</td>
</tr>
<tr>
<td>Clinical, Counseling, School Psych</td>
<td>188,930</td>
<td>246,420</td>
<td>-57,490</td>
</tr>
<tr>
<td>MH/SA Social Workers</td>
<td>109,220</td>
<td>157,760</td>
<td>-48,540</td>
</tr>
<tr>
<td>MH Counselors</td>
<td>145,700</td>
<td>172,630</td>
<td>-26,930</td>
</tr>
<tr>
<td>SA/BD Counselors</td>
<td>105,970</td>
<td>122,510</td>
<td>-16,540</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>45,210</td>
<td>60,610</td>
<td>-15,400</td>
</tr>
<tr>
<td>MFTs</td>
<td>29,780</td>
<td>40,250</td>
<td>-10,470</td>
</tr>
<tr>
<td>BH NPs</td>
<td>12,960</td>
<td>10,160</td>
<td>2,800</td>
</tr>
<tr>
<td>BH PAs</td>
<td>1,800</td>
<td>1,690</td>
<td>110</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>883,020</td>
<td>1,133,530</td>
<td>-250,510</td>
</tr>
</tbody>
</table>
Supply Projections: 2025

2025 supply projection: 12,960 for “Behavioral Health Nurse Practitioners”

2025 supply projection: 17,900 for “Advanced Practice Nurses in Psychiatry”
How Many Workers Are There? It Depends.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Institute of Medicine Report</th>
<th>Mental Health, United States, 2010</th>
<th>Other Sources (Membership and Licensing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Psychiatric Nurse</td>
<td>19,129 [NSSRN, 2008]</td>
<td>9,742 [American Nurses Credentialing Center, 2006]</td>
<td>9,780 [American Nurses Credentialing Center, 2008]</td>
</tr>
</tbody>
</table>

BLS, Bureau of Labor Statistics; NSSRN, National Sample Survey of Registered Nurses

Source: Congressional Research Service. The Mental Health Workforce: A Primer, 2013
Minimum Data Sets as a Strategy for Addressing Data Limitations
Standardize Data Collection Methods

Minimum Data Sets outline standard data elements that should be collected on the workforce

Supply Data
Demand Data
Education Program Data

http://nursingworkforcecenters.org/minimum-datasets-map/
Behavioral Health Workforce Supply MDS Themes

- 50 total data elements across all behavioral health occupations
- MDS is customizable - can be tailored to each occupation
- Some elements will be “core” (e.g. demographics); others are more discipline-specific

Full MDS available at www.behavioralhealthworkforce.org
Assessment of Behavioral Health Workforce Data

- The BHWRC identified and assessed nearly 150 national and state-based behavioral health workforce data sources according to MDS data elements

- National data sources were rated according to: validity, reliability, frequency with which data are collected, and accessibility of data

- State data sources were analyzed for frequency
## Mapping National Data Sources to the MDS

<table>
<thead>
<tr>
<th>MDS Data Element</th>
<th>Data Element Examples</th>
<th>Number of National Data Sources (n=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enumeration</td>
<td>Total count of provider type</td>
<td>25</td>
</tr>
<tr>
<td>Demographics</td>
<td>Gender, race, ethnicity</td>
<td>20</td>
</tr>
<tr>
<td>Education</td>
<td>Highest degree attained</td>
<td>18</td>
</tr>
<tr>
<td>Training</td>
<td>Residency program</td>
<td>9</td>
</tr>
<tr>
<td>Licensure</td>
<td>Type of nursing degree</td>
<td>11</td>
</tr>
<tr>
<td>Certification</td>
<td>Peer support certification</td>
<td>7</td>
</tr>
<tr>
<td>Occupational Category</td>
<td>Psychiatrist, Counselor, Therapist, Social Worker</td>
<td>17</td>
</tr>
<tr>
<td>Area of Practice</td>
<td>Social work specialty area</td>
<td>9</td>
</tr>
<tr>
<td>Employment Setting</td>
<td>Non-profit hospital, group practice</td>
<td>20</td>
</tr>
</tbody>
</table>

The four existing data sources with the most MDS data elements covered were: National Sample Survey of Registered Nurse (NSSRN), National Sample Survey of Nurse Practitioners (NSSNP), National Provider Identifier (NPI), and American Psychological Association Member Profiles.
State-based Data Sources

Number of State Based Data Sources

- 0
- 1
- 2
- 3
- 4
Study Findings

• We do not have a data source/combination of data sources that will provide all of the information we need for behavioral health workforce planning

• Use of an MDS can help with data standardization and quality

• Unlikely to be a national source for data collection in the near future- can provide technical support on a state and local level

• Licensing boards have a big role in data collection- encourage adoption of MDS data elements
Tasks and Teamwork: Roles of Nurses in the Behavioral Health Workforce
Variability in Authority Exists Across States

Can NPs Practice Independently?

Can NPs Prescribe Independently?

National Council of State Boards of Nursing
https://www.ncsbn.org/5407.htm

National Council of State Boards of Nursing
https://www.ncsbn.org/5411.htm
Variability in Authority Exists Across States

Can NPs Practice Independently?

APRN Density

National Council of State Boards of Nursing
https://www.ncsbn.org/5407.htm
BHWRC Analysis of State SOPs for Behavioral Health

Purpose: review every state’s statutes, administrative codes, certification programs, and job classification materials to find scope-of-practice language for 10 behavioral health professions:

- Psychiatrist
- Psychologist
- Advanced Practice Registered Nurse (APRN)
- Licensed Professional Counselor (LPC)
- Marriage and Family Therapist (MFT)
- Social Worker
- Addiction Counselor
- Prevention Specialist
- Psychiatric Rehabilitation Specialist
- Psychiatric Aide

Analysis was limited to the statute language, which may differ from actual practice.

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Analysis Themes

• Summary Analysis: Compares the names of certifying/licensing bodies, published dates of statutes/rules/materials, and professional definitions across all U.S. states.

• Licensure Analysis: Compares the varying qualifications professionals in each state must have in order to apply for licensure or renewal, such as supervised work experience, examination, or continuing education; also considers reciprocity.

• Service Analysis: Compares the varying services professions from each state is legally allowed to provide, such as diagnosis, crisis intervention, or psychotherapy.
Thirty-nine states authorize APRNs to diagnose patient conditions.
Drug Scheduling Authorization for APRNs

- All APRNs were authorized to prescribe legend drugs, as well as Schedule IV and V controlled substances.
- Forty states authorize APRNs to prescribe up to Schedule II controlled substances.
Forty-two states had a process for licensure by reciprocity, licensure by endorsement, or both.
Reciprocity and Endorsement Provisions in APRN SOPs

Nurse Licensure Compact States
## PMH APRN Roles

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Most Patients</th>
<th>Some Patients</th>
<th>Few Patients</th>
<th>No Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation (n=1449)</td>
<td>77%</td>
<td>13%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Diagnostic evaluation (n=1448)</td>
<td>70%</td>
<td>17%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Prescribing/medication management (alone) (n=1433)</td>
<td>54%</td>
<td>20%</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td>Psychotherapy and prescribing/medication management (combined) (n=1420)</td>
<td>38%</td>
<td>25%</td>
<td>12%</td>
<td>24%</td>
</tr>
<tr>
<td>Consultation or liaison (n=1410)</td>
<td>19%</td>
<td>28%</td>
<td>31%</td>
<td>23%</td>
</tr>
<tr>
<td>Case management (n=1397)</td>
<td>17%</td>
<td>22%</td>
<td>25%</td>
<td>37%</td>
</tr>
<tr>
<td>Individual psychotherapy (alone) (n=1421)</td>
<td>16%</td>
<td>18%</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>Crisis intervention (n=1442)</td>
<td>15%</td>
<td>50%</td>
<td>28%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Sources: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017; APNA, 2016
Roles of Nurses on Integrated Care Teams

- Telemental health
- Inter-professional education
- Lead design of patient-centered culture of care
- Mental health services (screening, assessment, diagnosis, treatment)
- Recovery partnership
- Wellness initiatives

PMH APRN

- Case Management
- Coordination with primary care
- Care Transition
- Triage
- Assessment

Sources: K. Delaney, 2017
Research Priorities and Policy Implications
Priority Research Areas

- Better understanding of shortage/need for behavioral health workers
- Further develop evidence base around use of PMH APRNs to deliver mental health services/address shortage of psychiatrists
- Outcomes data detailing roles for nurses on effective integrated care teams
- Recruitment and retention: address maldistribution and lack of diversity
- Scope of practice variability across professions; impact on workforce capacity
Policy Implications

- Greater support for research agenda (for psychiatric mental health nurses and the behavioral health workforce at large)
- Payment models, reimbursement, and regulations
- Support workforce development: training for care of special populations and working in integrated teams
- Support efforts for ensuring providers can work to up to their level of licensure
Ultimate Goal: Solutions Needed for Access to Psychiatric Care

“The solutions cannot rely on a single change in the field such as recruiting more psychiatrists or raising payment and reimbursement rates. Rather, the solutions depend on a combination of interrelated support from a range of stakeholders.”
References


References

Health Resources and Services Administration. Data Warehouse. https://datawarehouse.hrsa.gov/


The National Forum of State Nursing Workforce Centers. Nursing Workforce Data/MDS. http://nursingworkforcecenters.org/minimum-datasets/
Thank You

Behavioral Health Workforce Research Center
University of Michigan School of Public Health
1420 Washington Heights
Ann Arbor, MI 48109
www.behavioralhealthworkforce.org

Angela Beck, Director: ajbeck@umich.edu
734-764-8775

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