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

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National Forum of State Nursing Workforce Centers Conference
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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

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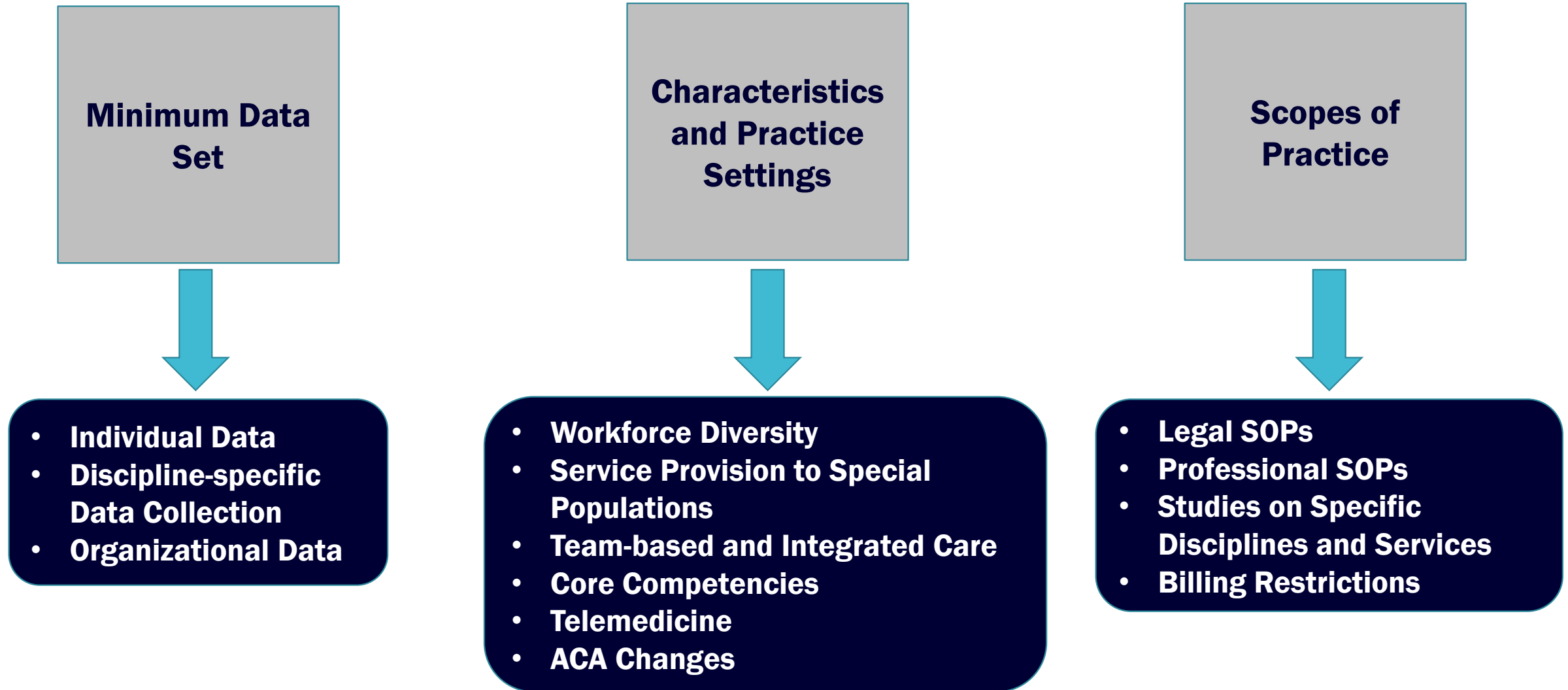BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER
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About the BHWRC

- 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

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BHWRC Focus Areas

Minimum Data Set

Characteristics and Practice Settings

Scopes of Practice

- Individual Data
- Discipline-specific Data Collection
- Organizational Data

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

- Legal SOPs
- Professional SOPs
- Studies on Specific Disciplines and Services
- Billing Restrictions

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
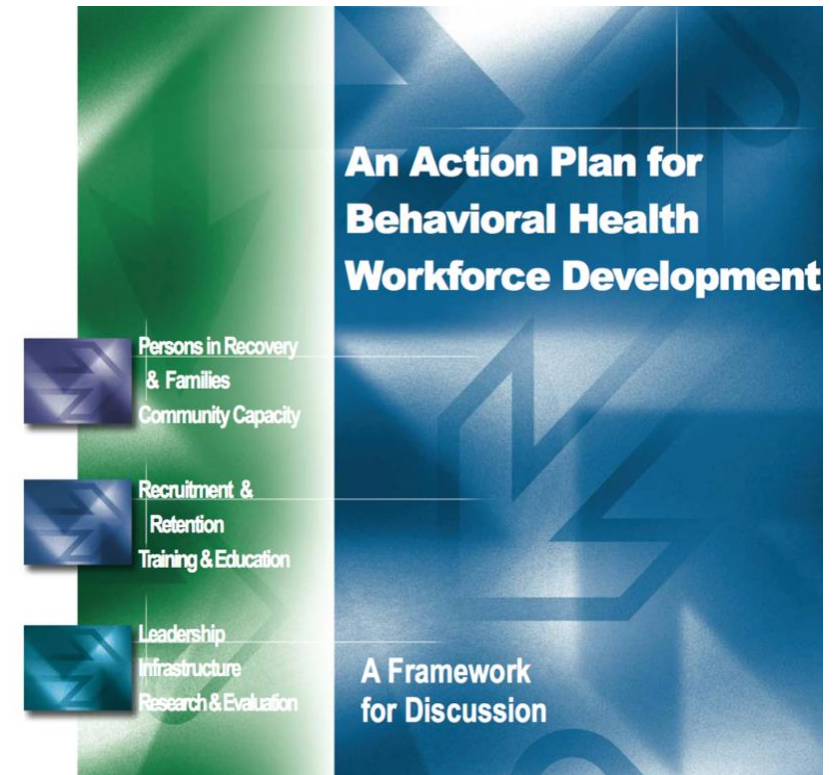- Case managers

Primary care providers

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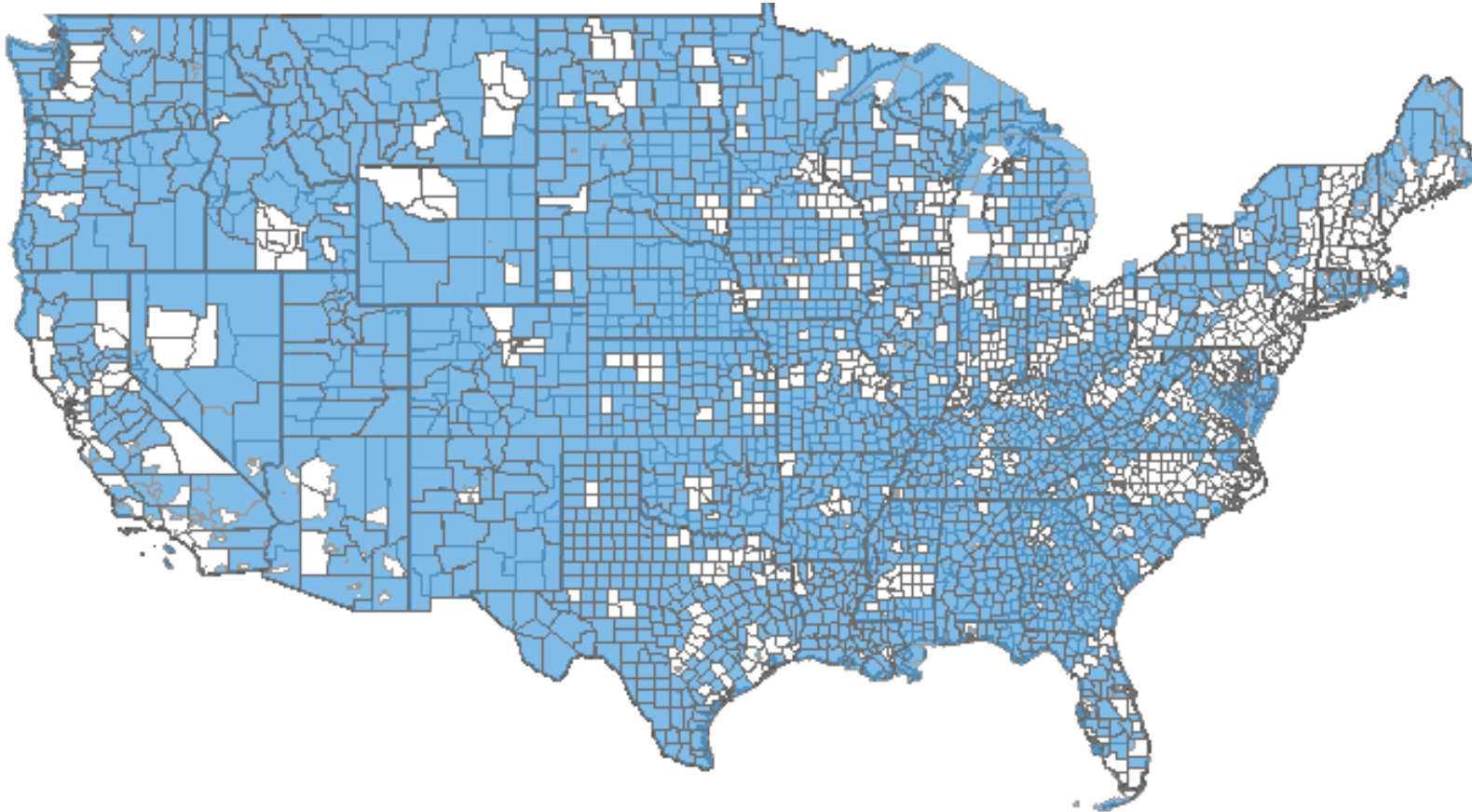UNIVERSITY OF MICHIGAN

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

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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

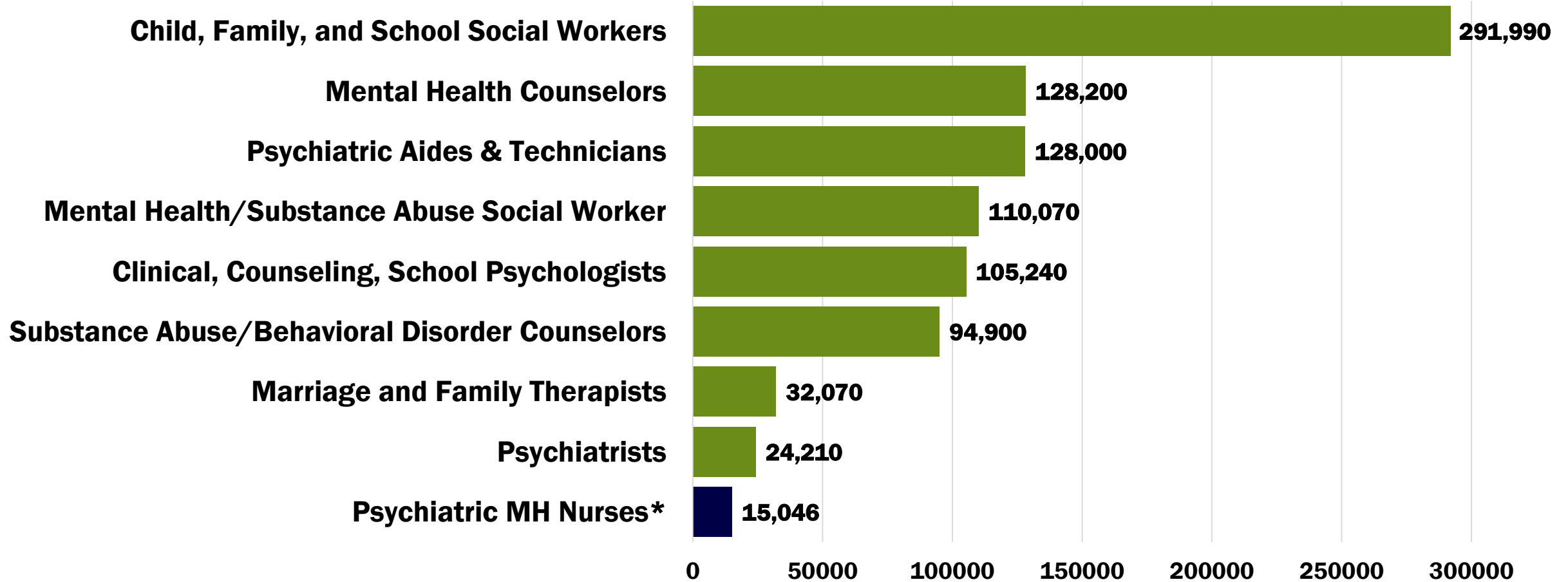SCHOOL OF PUBLIC HEALTH
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Workforce Development Challenges

- 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

Category	Value
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

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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**

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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 Supply

APRN State Density per 100,000

APRNs per 100,000
- 1-2.9
- 3-5.9
- 6-8.9
- 9-11.9
- > 12/per 100,000
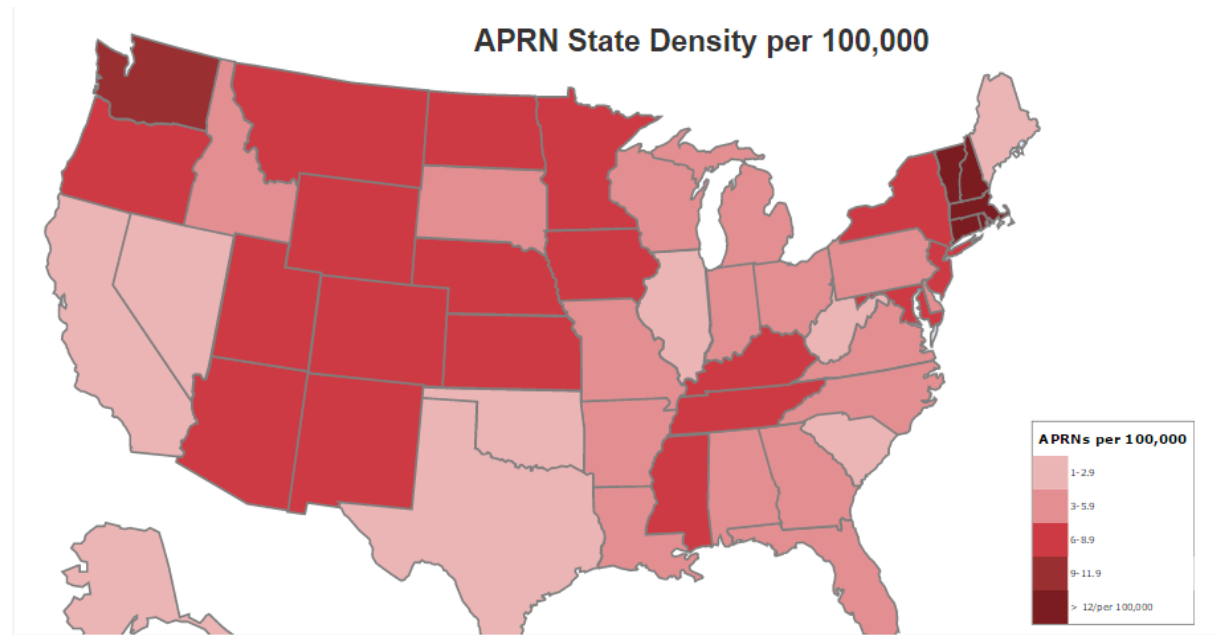
APRN density affected by:

- **Number of NP graduate programs relative to state population**

- **Favorability of scope of practice**

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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

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

HRSA, Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025, 2015.

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Behavioral Health Workforce Projections: 2025

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

National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025

September 2016

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
National Center for Health Workforce Analysis

HRSA Health Workforce

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Supply Projections: 2025

National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025

September 2016

U.S. Department of Health and Human Services
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HRSA Health Workforce
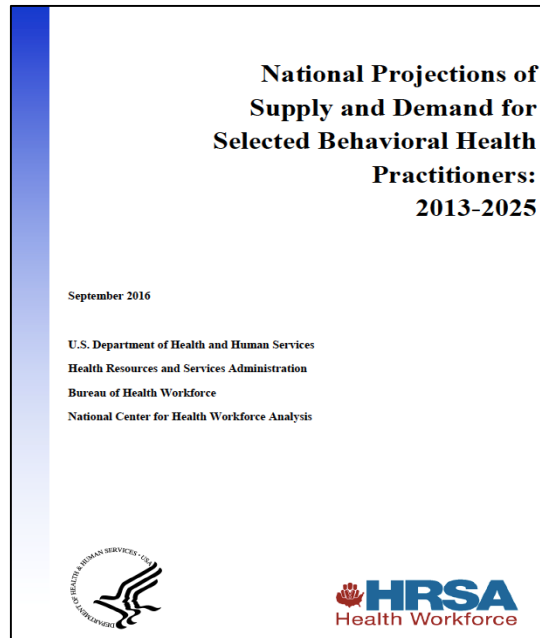
2025 supply projection: 12,960 for "Behavioral Health Nurse Practitioners"

National Center for Health Workforce Analysis

Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025

U.S. Department of Health and Human Services
HRSA Health Resources and Services Administration

2025 supply projection: 17,900 for "Advanced Practice Nurses in Psychiatry"

How Many Workers Are There? It Depends.

Provider Type	Institute of Medicine Report	Mental Health, United States, 2010	Other Sources (Membership and Licensing)
Psychiatrist	23,140 [BLS, May 2011]	24,758 [American Psychiatric Assn, 2006 membership]	50,981 [American Medical Assn, 2012]
Clinical Psychologist	100,850 [BLS, May 2011]	92,227 [American Psychological Assn, 2006 member directory]	134,000 [American Psychological Assn, 2013 members]
Clinical Social Worker	115,390 [BLS, May 2011]	244,900 [79% of licensed social workers, per Assn of Social Work Boards]	185,723 [Assn of Social Work Boards, 2011]
Advanced Practice Psychiatric Nurse	19,129 [NSSRN, 2008]	9,742 [American Nurses Credentialing Center, 2006]	9,780 [American Nurses Credentialing Center, 2008]
Marriage and Family Therapist	33,990 [BLS, May 2011]	48,666 [American Assn for Marriage and Family Therapy, 2006 membership]	58,007 [American Assn of Marriage and Family Therapy, 2013, formula]

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

Source: Congressional Research Service. The Mental Health Workforce: A Primer, 2013

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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
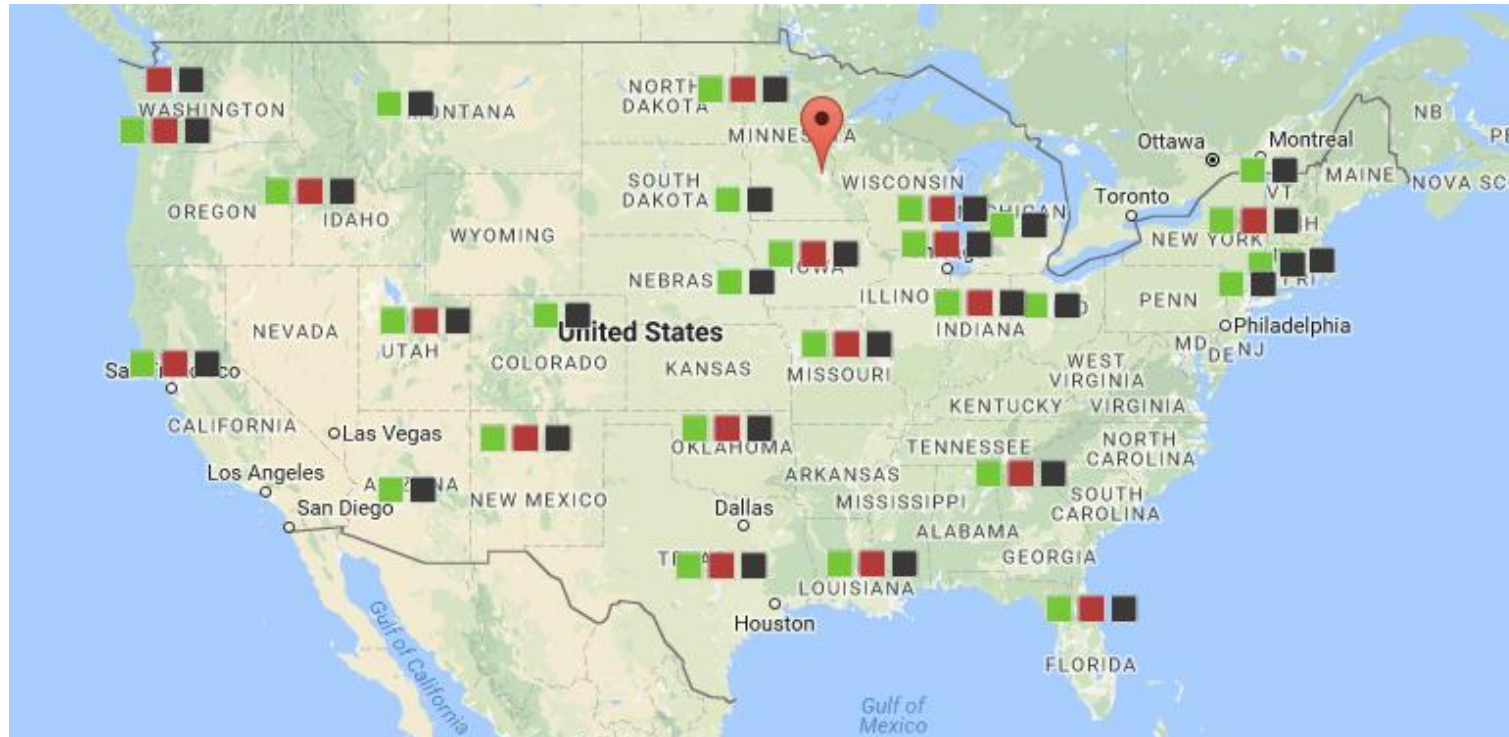
Supply Data

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

Table 1. Summary of Minimum Data Set Data Elements for Behavioral Health Workers

MDS Theme	Data Elements
Demographics	• Name • Age • Race/ethnicity • Sex and gender • Sexual orientation • Place of birth and residence • Military/veteran status • Language skills
Licensure and Certification	• Type of job-related licenses held • Type of job-related certificates held • National Provider Identification number • State identification/registration number
Education and Training	• Degrees obtained and years of completion • Field of study/specialty • Completion of other educational programs (e.g. internships) • Current enrollment in degree program
Occupation and Area of Practice	• Primary occupation • Area of practice
Practice Characteristics and Settings	• Employment status • Number of current employment positions • Number of hours and weeks worked per year • Employment arrangement • Use of telehealth • Employer practice setting • Hours per week spent on activities (e.g. clinical supervision, diagnosis) • Clinical or patient care provision • Employment plans

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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
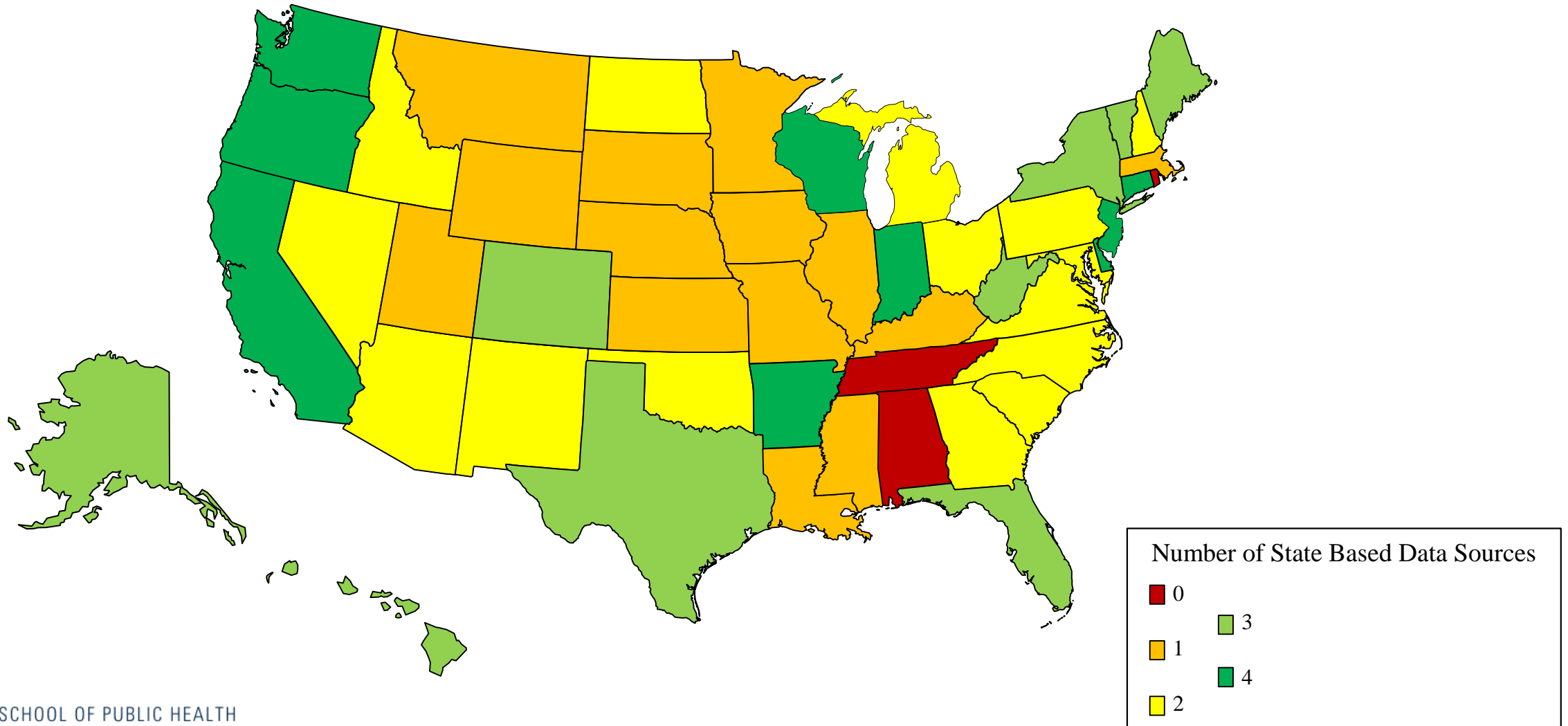
- State data sources were analyzed for frequency

Mapping National Data Sources to the MDS

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

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

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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

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Tasks and Teamwork: Roles of Nurses in the Behavioral Health Workforce

Variability in Authority Exists Across States

Can NPs Practice Independently?

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

Can NPs Prescribe Independently?

National Council of State Boards of Nursing
https://www.ncsbn.org/5411.htm

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Variability in Authority Exists Across States

Can NPs Practice Independently?

Independent | Not Independent | No Advanced Practice Authority
No data/not recognized as APRN

APRN Density

APRN State Density per 100,000

APRNs per 100,000
1-2.9
3-5.9
6-8.9
9-11.9
> 12/per 100,000

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.**

Diagnostic Service Authorization in APRN SOPs
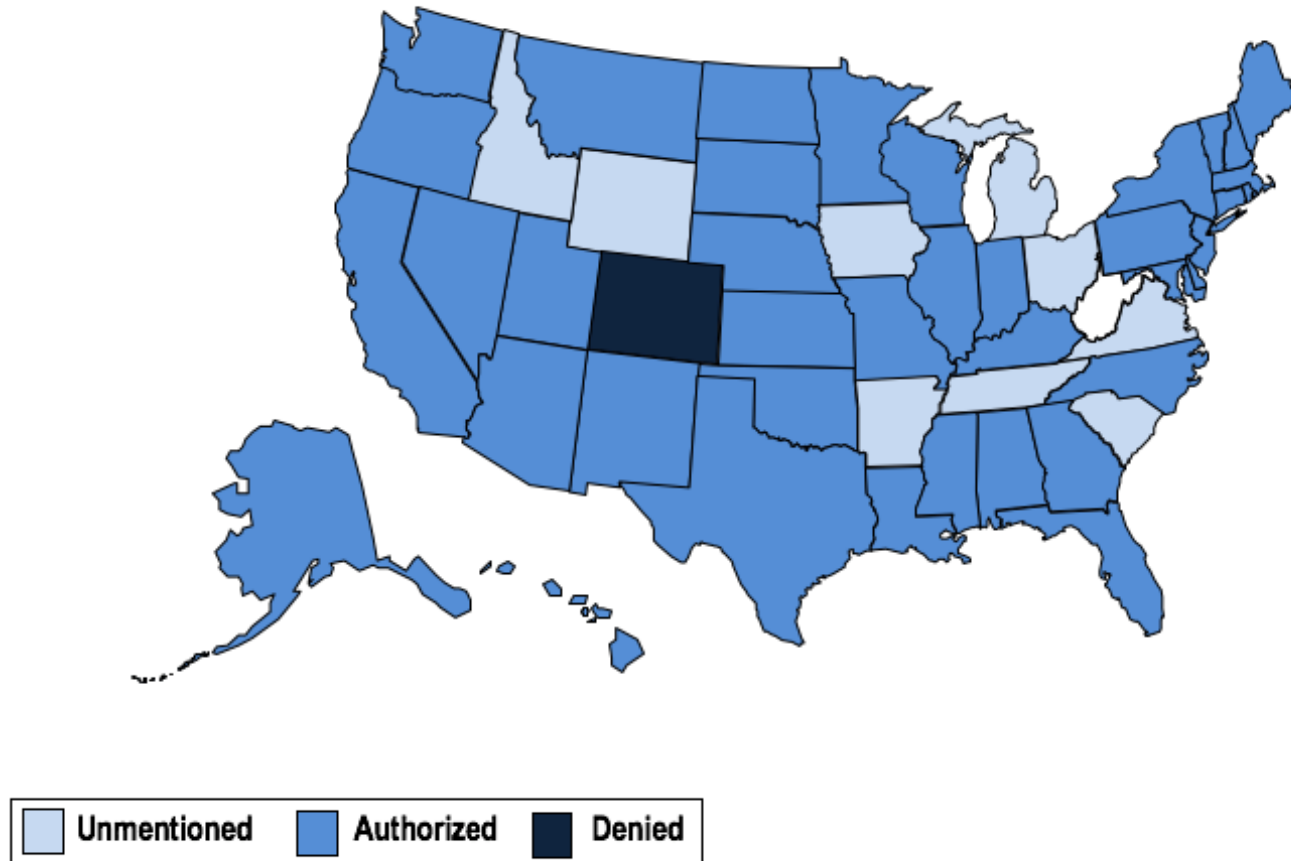
Thirty-nine states authorize APRNs to diagnose patient conditions.

Legend: Unmentioned | Authorized | Denied

Drug Scheduling Authorization for APRNs

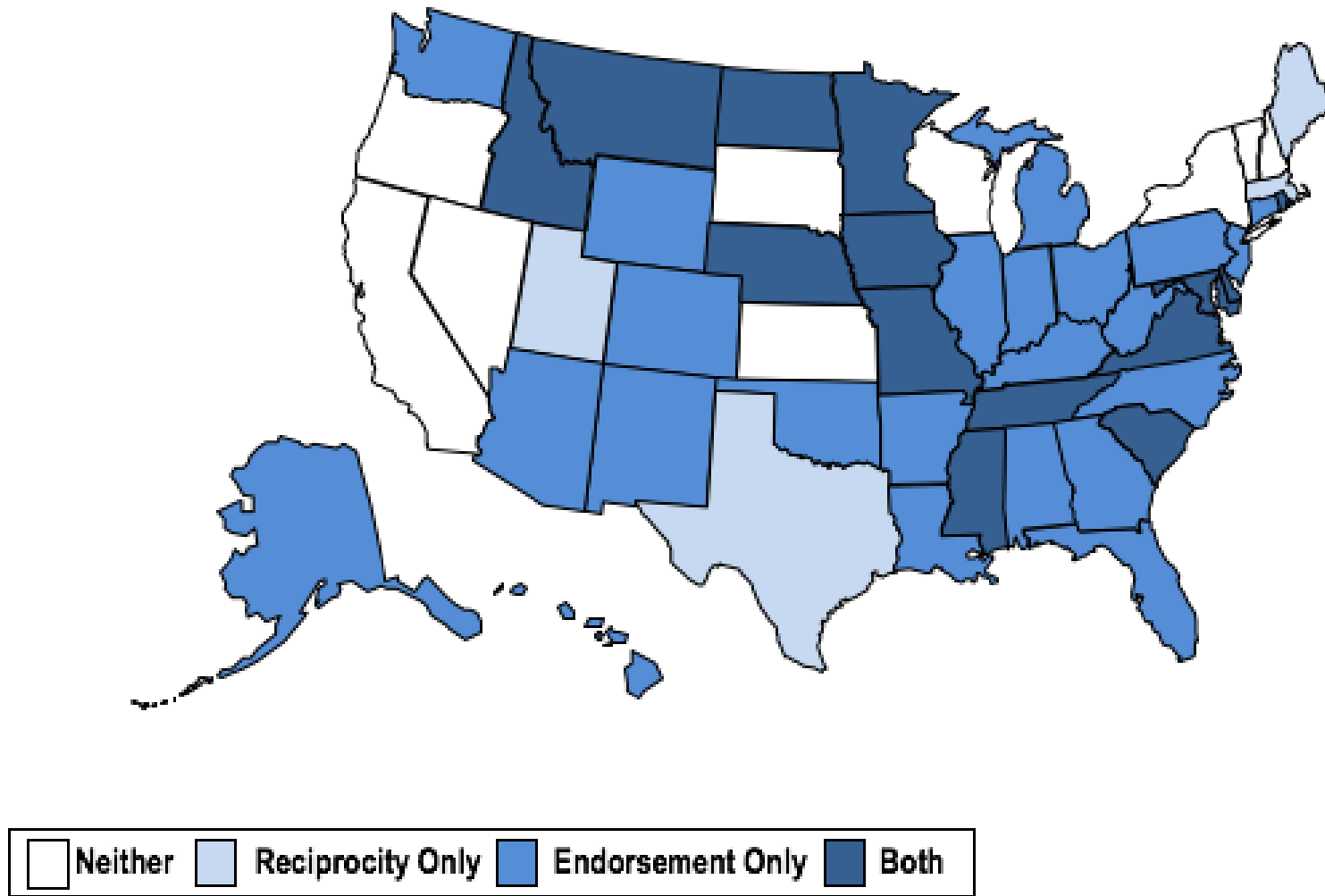Legend: Schedules V, VI | Schedules V, VI, III | Schedules V, VI, III, II
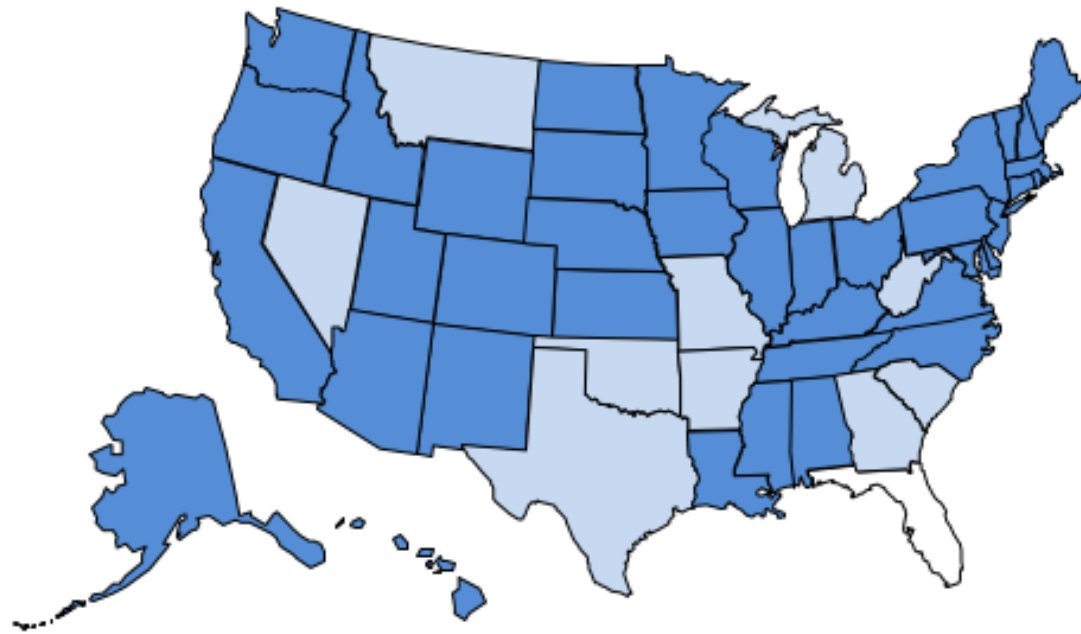
- **All APRNs were authorized to prescribe legend drugs, as well as Schedule IV and V controlled substances.**

- **Forty states authorize APRNs to prescribe up to Schedule II controlled substances.**

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Reciprocity and Endorsement Provisions in APRN SOPs

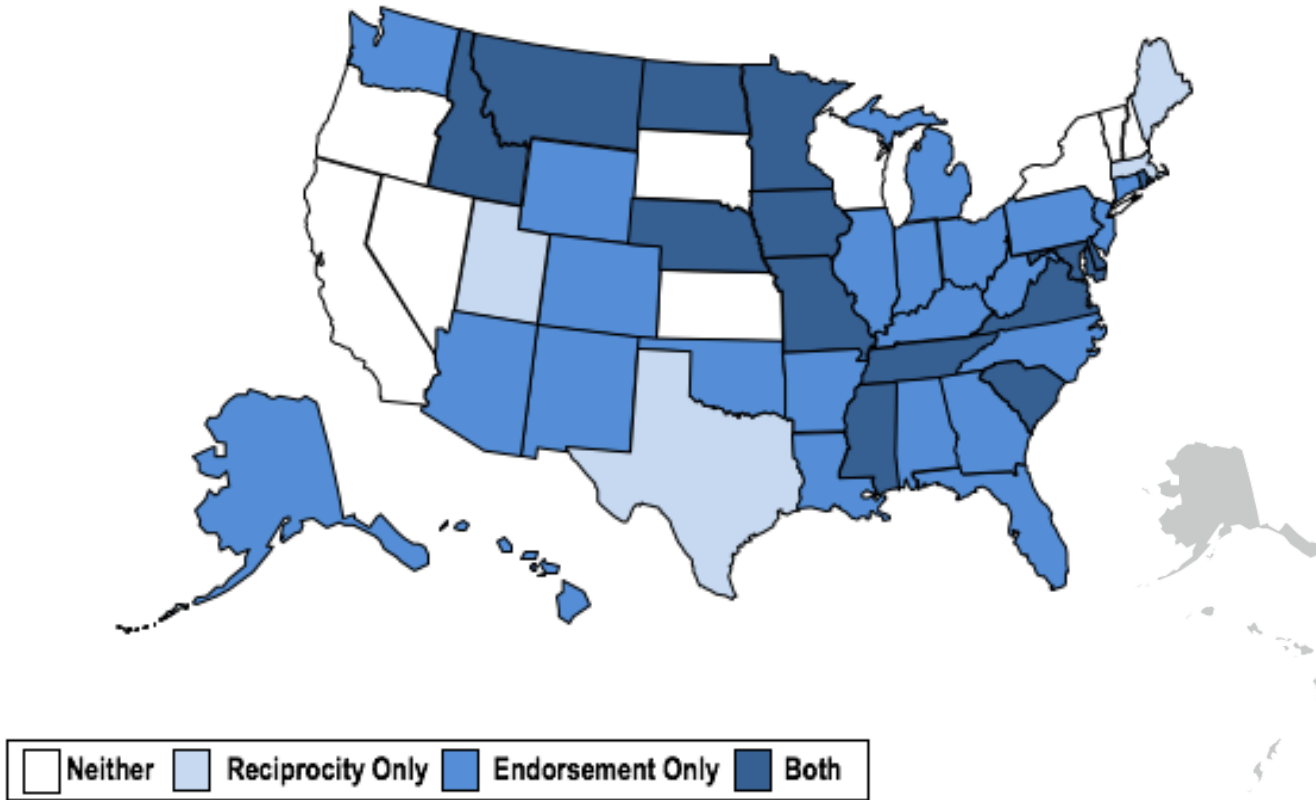Neither | Reciprocity Only | Endorsement Only | Both
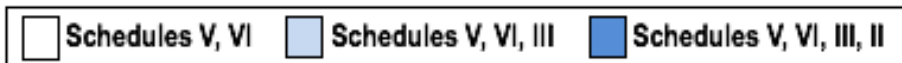
Forty-two states had a process for licensure by reciprocity, licensure by endorsement, or both

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Reciprocity and Endorsement Provisions in APRN SOPs

Legend: Neither | Reciprocity Only | Endorsement Only | Both

Nurse Licensure Compact States
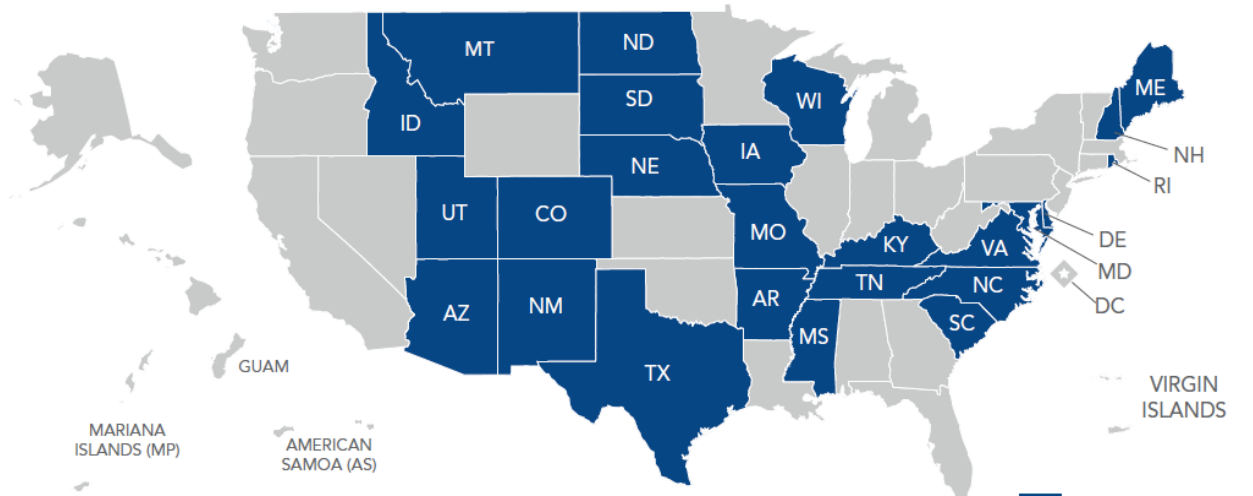
PMH APRN Roles

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

Sources: K. Delaney, Challenges and Opportunities Facing the Psychiatric Nurse Workforce webinar, 2017; APNA, 2016

Roles of Nurses on Integrated Care Teams

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

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

Sources: K. Delaney, 2017

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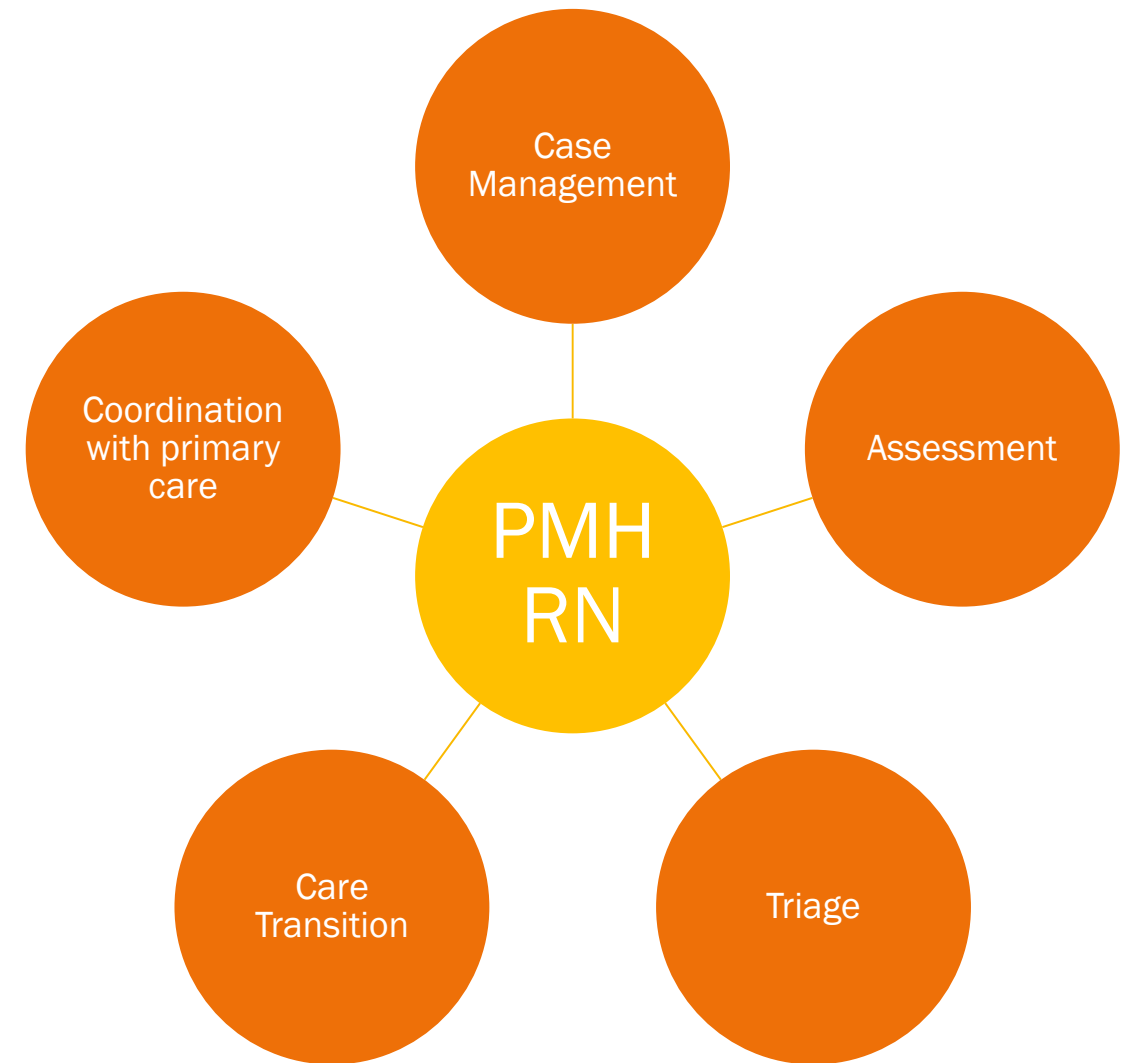
Research Priorities and Policy Implications

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
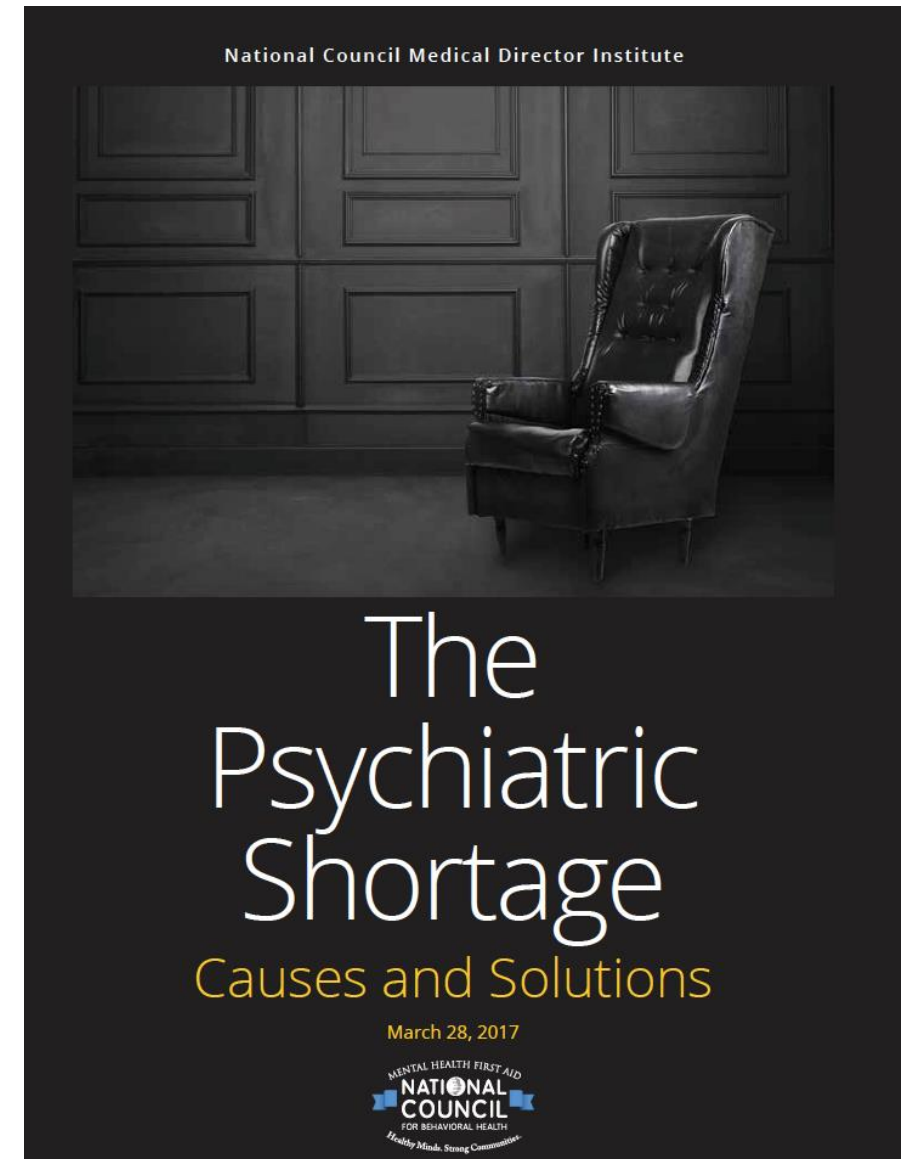
Policy Implications

- 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

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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."

National Council Medical Director Institute

The Psychiatric Shortage
Causes and Solutions
March 28, 2017

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Thank You

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Research to produce a workforce to meet the nation's behavioral health needs

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