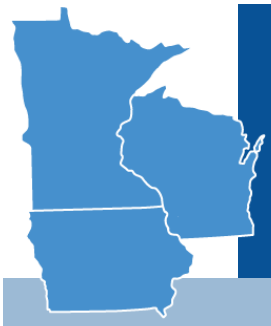

A Mental Health Workforce Crisis: Roadmap for Enhancing Recruitment & Retention in Minnesota, Iowa & Wisconsin

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Authors: Lindsay Duenow, BS, LADC, MSW Candidate; Rebecca Kobernick, BA, MSW Candidate; McKenzie Sohre, BA, MSW Candidate; Kim Wallgren, BS, CTRS, MSW Candidate

Department of Social Work, Minnesota State University, Mankato

Mental Health Providers and the Growing Demand

Building and maintaining an adequate mental health workforce requires successful recruitment and retention of qualified workers. Identifying recruitment and retention factors specific to behavioral health providers is essential in determining strategies for increasing the rural health behavioral workforce.

The World Health Organization estimates there are 1.18 million additional mental health workers needed to end the mental health treatment gap between patients and providers worldwide.[9] In the U.S., there has been a nationwide shortage of mental health professionals, and this shortage is more pronounced in rural communities,[23] with twenty percent of rural areas lacking mental health services, compared to five percent of metropolitan areas.[18]

- In 2013, there were 45,580 psychiatrists practicing in the United States.[6] About fifty-nine percent of psychiatrists are 55 years old or older, and many are soon to retire, creating even more of a nationwide shortage of experts in prescribing psychotropic medications.[3] By 2025, approximately 20,470 new psychiatrists will enter the workforce, but around the same number are likely to leave the workforce due to retirement in the Baby Boomer generation. Projections indicate there will be approximately 370 less psychiatrists nationwide by 2025 than are currently practicing, increasing the shortage of psychiatrists to approximately 6,080, despite projections for overall mental health patient population growth.[6]
- By 2025, shortages of mental health professions are projected as follows: 8,220 psychologists, 16,940 mental health and substance abuse social workers, 3,740 school counselors, and 2,440 marriage and family therapists nationwide.[6]
- The shortage of psychiatrists in the U.S. is driven in part by a growing need for behavioral health services. Table 1 below demonstrates why it is "imperative to consider the availability of psychiatric services, particularly because the entire subject of mental illness has for so long been avoided by both policy makers and the public."[21]

Table 1 Minnesota, Iowa, and Wisconsin Psychiatrist Shortage Overview

State	Psychiatrists per 100,000 persons [21]	# of State shortage areas [10]	# of additional psychiatrists needed [10]
Minnesota	7.9	62	69
Iowa	5.6	71	30
Wisconsin	7.9	134	215

Factors That Affect Recruitment and Retention of Mental Health Care Providers

In rural areas, mental health problems are often treated by primary care providers.[18] Individuals who live in rural areas often lack access to mental health professional services due to shortages in the mental health workforce.[18] There are common factors across mental health care professions that affect recruitment and retention of providers as listed below.

Licensed Social Workers[19, 20, 23]

- Low Pay
- Lack of training opportunities
- Burnout
- Loan repayment problems

Licensed Mental Health Practitioners (LMHP's)[23]

- Low pay
- Scarcity of supervisors for provisionally licensed mental health providers
- Lack of dually certified substance abuse counselors
- Barriers to becoming a substance abuse counselor
- Difficulty obtaining continuing education units (CEU's)

Licensed Psychiatrists[23]

- Low pay
- Loan repayment problems
- Lack of local cultural amenities
- Lack of support for spouse
- Isolated/overworked/minimal free time

Licensed Psychologists[23]

- Low pay
- Difficulty obtaining loan repayment
- Lack of a local or regional internship site

All Behavioral Health Provider Groups[22, 23]

- Low pay
- Poor state funding
- Scarcity of mental health resources
- Stigmatization of mental health care practice

Federal Mental Health Legislation

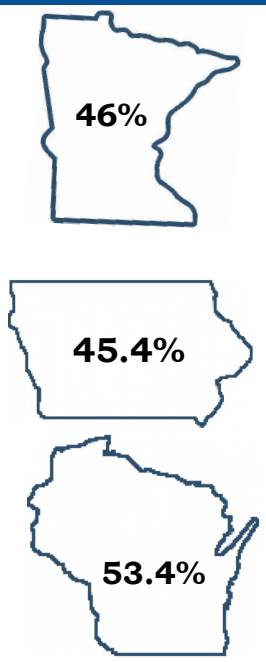
On December 13, 2016, P. L. 114-255 the *21st Centuries Cure Act* was enacted to "accelerate the discovery, development, and delivery of 21st century cures" in health and mental health care.[13]

- Embedded in the law is the *Mental Health Reform Act of 2016,* Division B, Helping Families in Mental Health Crisis, Title IX, Subtitle B Strengthening the Health Care Workforce, which aims to increase the mental health workforce through: education & training grants for mental and behavioral health professionals; created a mental health and substance use demonstration training program to enhance the workforce in underserved, community-based settings; training medical and mental health professionals in general health care providers in underserved areas and crisis responders; made modification to the loan repayment program for child and adolescent psychiatrists; and created a Minority Fellowship Program to increase the number of minority racial and ethnic mental health professionals. Within 2 years of enactment, the Administrator of the Health Resources and Services Administration must issue a report on the adult and pediatric mental health and substance use disorder workforce in order to inform Federal, State, and local efforts related to workforce enhancement.[13] While Congress has authorized funding for strengthening the mental health workforce, it has yet to complete the FY 2017 appropriation bills.
- S. 789 Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act (2015-16 session), last would direct the Secretary of Health and Human Services to establish the Social Work Reinvestment Commission to provide independent counsel to Congress and the Secretary on policy issues related to recruitment, retention, research, and reinvestment in the profession of social work.[14]
- S. 2173 / H. R. 3712 (115th Congress) Improving Access to Mental Health Act, concentrates on increasing the Medicare reimbursement rate of clinical social workers.[8]

State Efforts in Monitoring, Recruiting and Retaining Mental Health Professionals

- **Minnesota** offers the following incentives: Mental Health Provider Reimbursement Grant, Minnesota Rural Physician Loan Forgiveness Program, Minnesota State Loan Repayment Program, and Minnesota Urban Physician Loan Forgiveness Program.[2, 16] The Minnesota Governor's Mental Health Task Force concluded Minnesota does have "a comprehensive continuum of care that promotes wellness, prevents mental illnesses where possible, and supports all Minnesotans with mental illnesses to pursue recovery in their home communities."[16] The availability of mental health services varies, and there are critical shortages across the state of Minnesota that can delay access to care.[17] The Mental Health Task Force offers recommendations that promote improvements to the mental health system geared to create a comprehensive continuum of care.[17]
- **Iowa** provides mental health care providers the Iowa PRIMECARRE Loan Repayment Program.[2] The Iowa Department of Public Health Workforce Report was completed in December of 2016 to help develop a strategic healthcare workforce initiative.[15]
- **Wisconsin** offers the Health Professions Loan Assistance Program in addition to the Primary Care and Psychiatry Shortage Grant to attract psychiatrists.[2]

The Importance of Recruitment and Retention of Mental Health Professionals



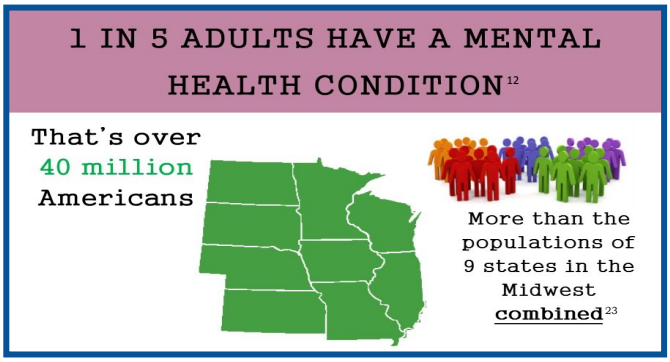
Percentage of adults with a mental illness who did not receive treatment.[12]

Although mental health care experts are preferred, there simply are not enough mental health professionals able to provide specialized care. Mental health clients often have to resort to working with providers who are not educated primarily in the mental health field. Rural communities are especially impacted by mental health provider shortages.[19] For this reason, increasing awareness of how mental health workforce shortages affect the states of Minnesota, Iowa and Wisconsin is important.

Wisconsin leads Iowa and Minnesota in terms of the need for mental health professionals to help decrease mental health demands.[12] Due to mental health professional shortages, providers may be overworked, prone to burnout and high turnover rates. Not only does this lead to an increasing shortage of psychiatric care providers, but it costs the public about $500,000 to $1,000,000 to replace each psychiatric provider.[1]

Mental health patients continue to be stigmatized by the general public. Not only do patients experience stigmatization related to their mental health conditions, mental health professionals also experience discrimination often in the form of lower wages and misperceptions about mental health care by other professionals.[22]

The Impact of Workforce Shortages



Minnesota, Iowa and Wisconsin are three states that are greatly impacted by mental health provider shortages. With a combined population of just over 14 million people, that equates to about 3.5 million people affected with a mental health condition in those three states.[22]

When mental health patients are not able to access appropriate services, their mental health conditions can become more disabling and difficult to manage. The unmet need for mental health care has been centered among people who are generally of working age and lower income, who lack health insurance and reside in rural areas.[20] Table 2 below summarizes the effects that workforce shortages have on different strata of society, including the individual, community and state levels.

Table 2 Overview of Shortage Effects on Individual, Community and State

Individual	Community	State
♦ Worsening of mental health symptoms[20] ♦ Increased risk of suicide, homelessness, crime and substance use[11]	♦ Increased incarcerations, and more money spent by tax payers[4] ♦ Primary care physicians and other medical staff are unable to provide adequate care[20]	♦ Increased cost of mental health care[1] ♦ Inability to keep up with supply and demand[3] ♦ Lack of primary prevention techniques[4]

Recommendations: Roadmap to Enhanced Recruitment and Retention of Mental Health Workers

Minnesota, Iowa and Wisconsin are all experiencing a mental health workforce shortage. Policy makers at the federal levels must fund, implement, evaluate, and enhance workforce shortage provisions of the 21st Centuries Cure Act. Policy makers at the state level must partner with federal officials to realize the potential of the new federal law aimed at helping families in mental health crisis and strengthening the mental health workforce. Strategic investments aimed at training, recruiting, and retaining a diverse, highly skilled mental health workforce is achievable.

The Minnesota Governor's Mental Health Task Force report can be used as a roadmap to help show us the way to address the mental health workforce crisis. Mental health service providers, county and court officials, law enforcement and correctional officers, public health professionals, education and housing officials, legislators, and mental health advocates worked in teams to ensure their recommendations would promote the mental health well-being of all Minnesotans. The prioritized recommendations for Minnesota, listed below, can provide a roadmap for addressing the provider shortages in Iowa and Wisconsin as well.

- Increase federal grants, scholarships, student loan repayment and loan forgiveness programs for individuals going into psychiatry and other mental health related fields.[5, 7, 8, 17, 19, 20]
- Establish affordable supervision by skilled providers for all mental health professionals & candidates.[5, 17, 20]
- Offer additional benefits & incentives for mental health professionals who work in rural settings.[5, 17, 19, 20]
- Provide mental health educational trainings which offer diversity training.[5, 14, 17]
- Increase educational awareness for high school and college students through mental health career exploration camps and career fairs, providing more educational and clinical experiences, and offer guaranteed funds to culturally-specific mental health speakers.[5, 17]
- Support further funding for research on mental health and increase availability of mental health workforce data and statistics.[5, 17]
- Provide primary care physicians and nurses additional training on psychiatry and mental health issues. Increase medical and nursing student experiences in mental health settings.[5, 17]
- Utilize telemedicine and other modes of technology to increase access to care for clients, and efficiency for mental health professionals.[3, 5, 7, 17]
- Enable collaborative care practice, allowing psychologists to prescribe medications along with psychiatrists and Advanced Practice Registered Nurses (APRN).[3, 5, 17]

Copies of this brief can be accessed by calling the Department of Social Work at 507-389-6504 or going to:
http://sbs.mnsu.edu/socialwork/policybriefs.html

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