

# Policy Report

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HEALTH  
WORKFORCE  
STUDIES  
PROGRAM



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## Indiana Mental Health Workforce

### Mental Health: What's the Issue?

90%

Approximately 90% of those who die from suicide have one or more diagnosable mental illnesses.

Millions of Americans struggle with mental health related conditions and access to the mental health services they need. In 2013, the National Alliance on Mental Illness (NAMI) stated that 60 percent of adults and nearly 50 percent of youth, ages 8 to 15, received no mental health services for their mental illness<sup>1</sup>. In addition, significant gap times between presentation of symptoms and utilization of mental health services are reported among many with access<sup>2</sup>.

3,996

Is the number of deaths from suicide in Indiana from 2005-2009, 1.23% higher than the national average.

Undiagnosed and/or untreated mental health conditions contribute to morbidity and mortality. Suicide is the 10<sup>th</sup> leading cause of death in the U.S. and the 3<sup>rd</sup> leading cause of death among people ages 15 to 24 years. More than 90 percent of those who die by suicide had one or more mental disorders<sup>1</sup>. While many factors play a role in the risk for suicide, it is clear that mental health is a major contributor. The risk of suicide decreases with the proper diagnosis and treatment of mental health conditions. Thus, improving access to mental health services is an important strategy to reducing risk of suicide and associated mortality rates.

### Access: An issue of Supply and Demand

Balancing supply and demand for mental health services is no easy task. Many communities report an inadequate supply of mental health services as a major barrier to access. A complex web of individual and health system factors make assuring access to mental health services a challenging issue<sup>2</sup>.

At the individual level insurance status, frequently used as a proxy measure for demand, is a major determinant of health care access. At the system level the supply of mental health professionals is a determinant of system capacity for delivering care. In a dynamic healthcare environment both individual and system level factors must be considered in order to effectively improve access to mental health services.

In today's healthcare system, new health policies focused on expansion of health insurance are impacting the demand of mental health services. For example, the implementation of health insurance exchanges and a proposed expansion of the Healthy Indiana Plan (HIP 2.0) are expected to increase demand for mental

health services by increasing insurance coverage across the state of Indiana. However, policy initiatives focused on expanding health insurance coverage for Hoosiers will only serve to improve access to services if an adequate supply of mental health professionals is available to deliver care to the newly insured. Therefore, data on the supply and distribution of Indiana’s mental health workforce are critical to any policy and planning efforts.

This report provides a ‘snapshot’ from the most recent data on Indiana’s mental health workforce, and presents information pertinent to workforce planning and policy. Comprehensive data are available in the 2014 Indiana Mental Health Data Report at <http://ahec.iupui.edu/indiana-center-for-health-workforce-studies-reports/workforce-mental-health-professionals/>.

workers, social workers, marriage and family therapists, mental health counselors). Each profession possesses different educational backgrounds and offers unique perspectives on mental health. As a result, each profession provides a different array of services and serves a particular role in mental health care delivery. Diversity of education, training, and experience is a strength for the mental health workforce. However, these variations also make it challenging to quantify supply and distribution.

**Supply in Indiana**

Supply data on the licensed mental health workforce are routinely collected through surveys administered by the Indiana Professional Licensing Agency (PLA) in conjunction with biennial license renewals. These data provide valuable insight into the status of the mental health workforce in Indiana.

**Indiana’s Mental Health Workforce**

**Defining the Workforce**

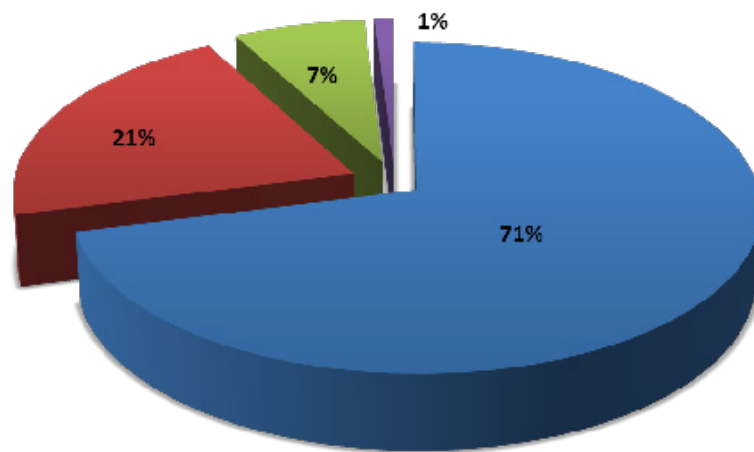
The mental health workforce is one of the most unique within the health industry and is comprised of a cadre of professionals, including psychiatrists, psychologists, psychiatric/mental health advanced practice nurses, and licensed mental health professionals (clinical social

During the 2012 and 2013 license renewal periods, there were a total of 5,183 mental health professionals in Indiana. This includes 3,687 (71.1%) licensed mental health professionals, 1,604 (20.5%) psychologists, 356 (6.9%) psychiatrists, and 76 (1.5%) psychiatric/mental health advanced practice nurses.

**5,183**

Licensed mental health care professionals in Indiana.

2012 Breakdown of Mental Health Professionals in Indiana

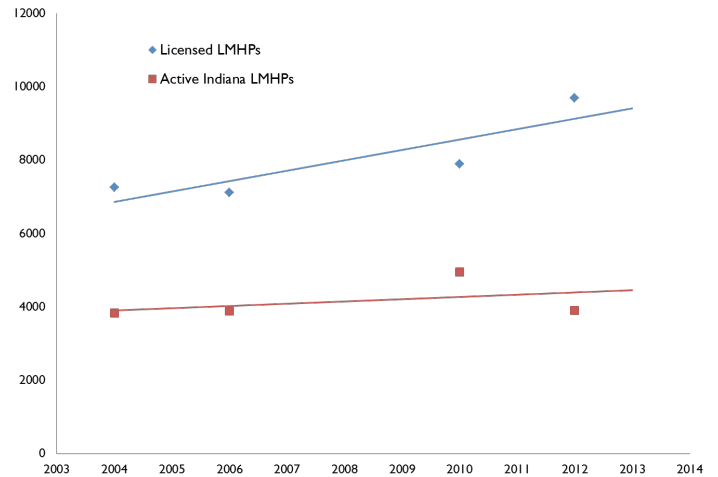


- Licensed Mental Health Professionals
- Psychologists
- Psychiatrists
- Psychiatric/Mental Health APN

**Stagnant Capacity**

While demand for mental health care services in Indiana has and will continue to increase, trends in mental health workforce supply have been stagnant over the past decade. Although there was a net increase in the number of active licenses among social workers, clinical social workers, marriage and family therapists, and mental health counselors from 2004 to 2012, the total number of these professionals actually practicing in Indiana has remained relatively constant. This indicates that an increasing number of individuals in these professions do not provide clinical care as part of their job. The specific reasons for this trend are not known. Research is needed to understand factors affecting the job choices of Indiana’s mental health professionals.

Trend of Total Licenses vs Active Licenses for LMHPs



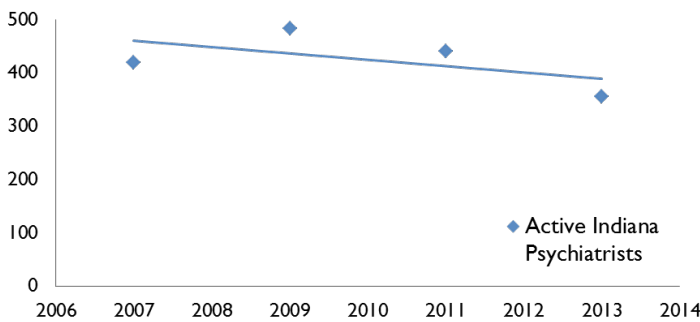
**The Case of Psychiatrists**

Not only has the number of actively practicing mental health professionals stayed relatively constant, the supply of psychiatrists, a key component of the mental health workforce, is shrinking and aging. The number of practicing psychiatrists in Indiana has been declining since 2009. In 2013, only 356 psychiatrists reported practicing in Indiana. Additional supply information on the psychiatric workforce may be found in the 2012 Mental Health Professional Data Report.

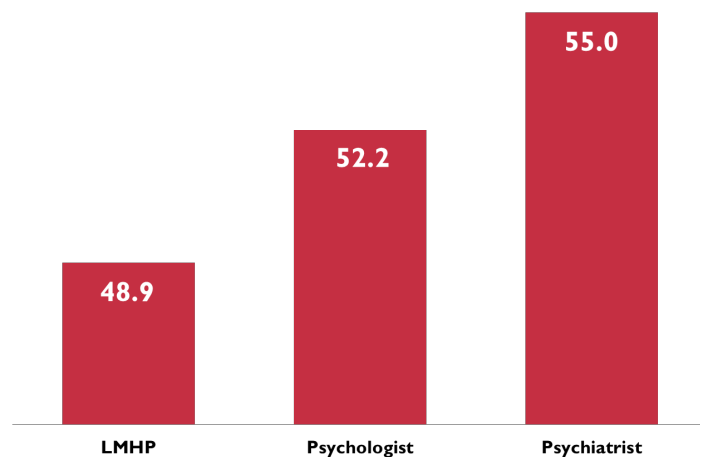
at 55 years old. As this group continues to age and enter retirement, the supply of psychiatrists will continue to decrease.

Lack of growth and aging in the psychiatric workforce raises concerns and may have serious implications on the mental health workforce’s capacity in Indiana. Psychiatrists are one of few professions in the mental health workforce with the authority to prescribe and oversee medication therapy. In addition they oversee the clinical services delivered by many other mental health providers. Shortages in this profession have a direct and trickle-down effect on the supply of mental health services in Indiana. Fewer psychiatrists means significantly less capacity due to their role within the mental health workforce.

Trend of Active Psychiatric Licenses in Indiana



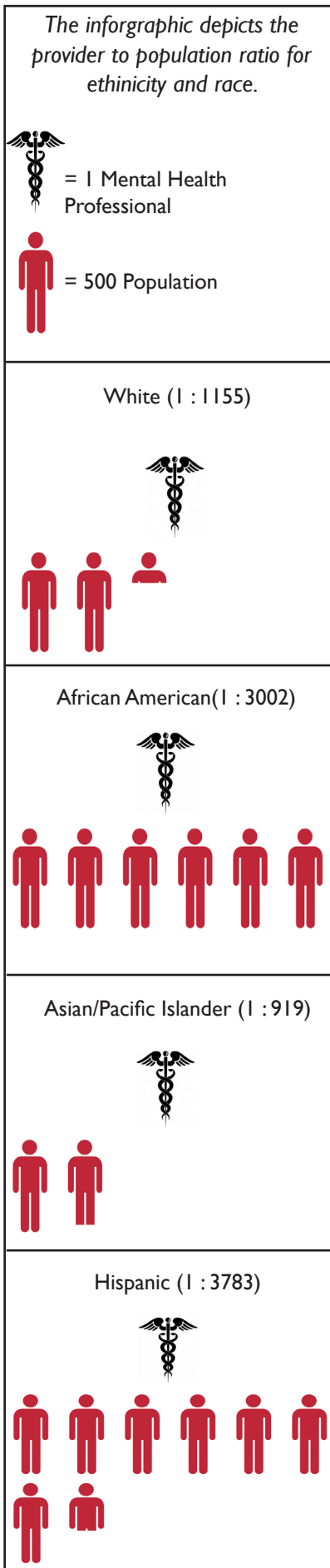
Mean Age in Years by Mental Health Profession



Numerous factors influence psychiatric workforce capacity in Indiana and nationwide. The American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs recently identified a number of issues which have a direct and negative influence on supply, including: 1) inadequate support in academic institutions; 2) decreasing graduate medical education (GME) funding; 3) decreasing clinical revenues in the managed care environment; and 4) a devalued image of the profession<sup>3</sup>. These, among others, are important issues that should be considered in Indiana’s mental health workforce policy discussions. In addition to the factors influencing the psychiatric workforce pipeline, the ‘greying’ or aging of the existing psychiatrist workforce threatens future supply. Psychiatrists have the highest mean age of all the mental health providers

**Workforce Diversity**

Although not essential, it is ideal for the health workforce to reflect the cultural background of the population served. Indiana’s mental health workforce is primarily comprised of non-Hispanic (98%) and white (92%) professionals. Professionals from selected racial and ethnic minority



groups, African American and Hispanic/Latino, have the lowest representation across Indiana’s mental health professions.

**The infographic in the margin of this page depicts** imbalances between Indiana’s mental health workforce and population demographics. In the infographic, the ratio of population per mental health professional is presented for the largest racial and ethnic groups: white/Caucasian, African American, Asian/Pacific Islander and Hispanic. Note that there are approximately 1,155 white/Caucasian residents for every 1 white/Caucasian mental health professional in Indiana; whereas there are approximately 3002 African American residents for every 1 African American mental health, and approximately 3,783 Hispanic residents for every 1 Hispanic mental health professional.

It is not necessary that health care providers and patients be of the same demographic for successful health care delivery; however, greater levels of diversity are linked to advancing cultural competency, increasing access to high-quality health care services, and optimal management of the health care system<sup>4</sup>. Strategies for cultivating a more racially and ethnically diverse workforce which reflects the demographics of Indiana’s population should be considered alongside any supply initiatives.

**Workforce Distribution**

In addition to considering the overall supply of mental health providers in Indiana, understanding how this workforce is distributed across the state is important to assuring access at the community-level. In general, mental health professionals cluster in urban or metropolitan areas with greater population densities. Rural communities with fewer residents dispersed over larger geographic regions and low-income urban communities frequently face shortages of mental health professionals. Such trends are evident in Indiana.

Indiana’s mental health professionals are concentrated in urban, populous counties. The largest numbers of mental health professionals are found in Marion, Allen, and St. Joseph County all of which have major urban centers. Indiana has four rural counties (Newton, Ohio, Switzerland, and Union Counties) in which no mental health professional reported practicing at the last licensing cycle.

Examining the geographic distribution of specific professions highlights even more alarming shortages. **Of the 92 counties in Indiana, 43 reported no practicing psychiatrist and a total of 62 counties report one or fewer full-time psychiatrists.** In addition, 27 counties reported no practicing psychologist.

The inequitable distribution of Indiana’s mental health workforce, especially psychiatrists and psychologists, contributes to shortages in communities across state. Mental health professional shortages are barriers to mental health service access for the Hoosiers residing in affected communities.

**Mental Health Professional Shortage Areas: A missed opportunity**

The federal government has a formal process for recognizing geographic areas and populations experiencing shortages of mental health professionals. Defined geographic areas are designated as Mental Health Professional Shortage Areas (MHPSA) based on their population to provider ratio. Geographic shortage areas may comprise mental health catchment areas (multiple counties), counties (full or partial), or sub-county (clusters of townships and census tracts) areas. MHPSA designations are associated with opportunities for federal, and, in some cases state, funding for mental health workforce development. This includes programs such as the National Health Service Corps which allocates funding specifically to aide in recruitment of mental health professionals in MHPSA.

Indiana currently has **52 MHPSA designations**, but not all geographic areas with mental health professional shortages are currently designated. The GIS (Geographic Information Systems) map presented in this report depicts Indiana Counties which currently qualify for MHPSA designation based on their population to psychiatrist ratio. All areas (including sub-county areas and special populations) currently designated as MHPSAs are indicated with diagonal lines.

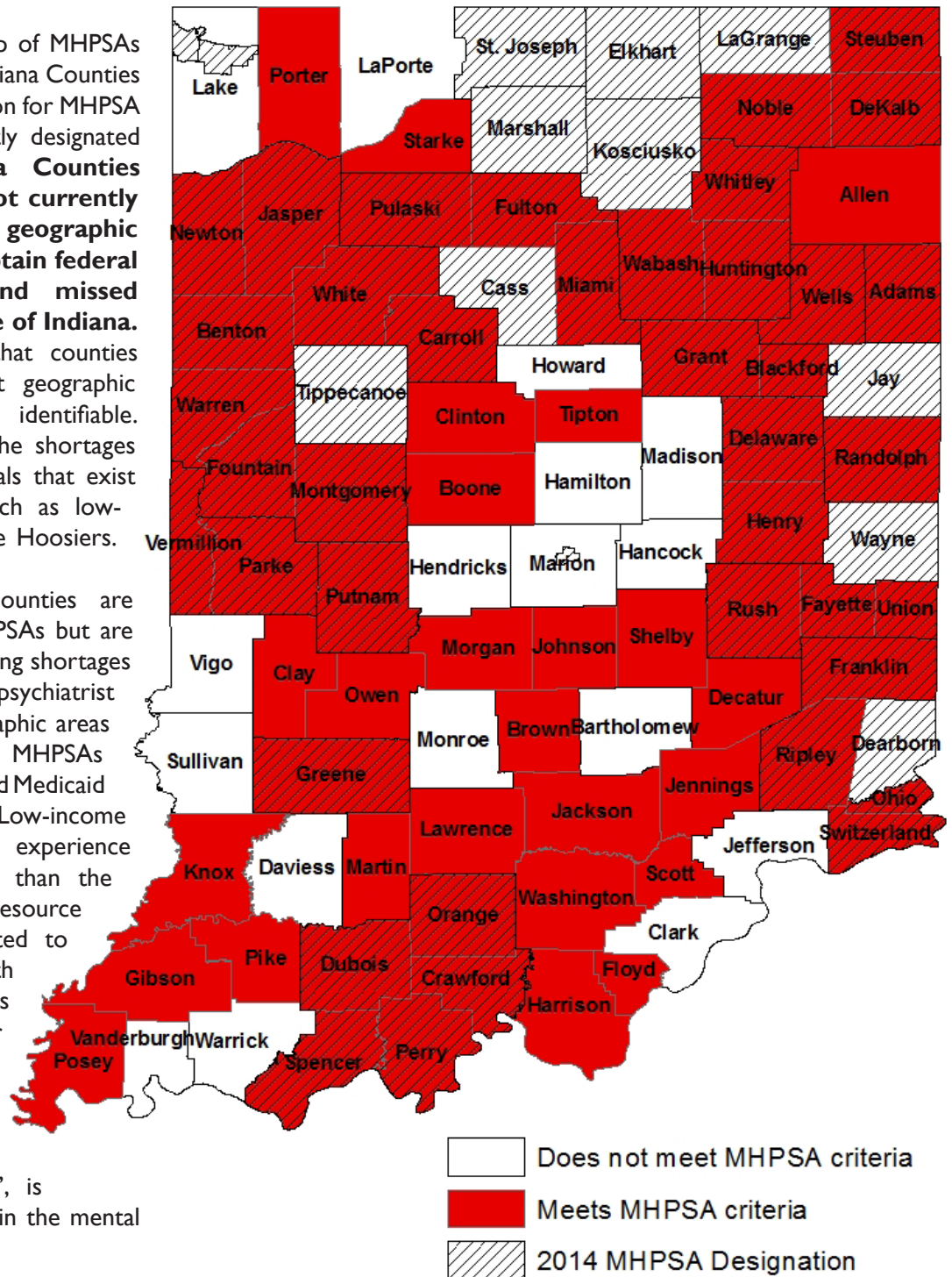
**Mental Health Professional Shortage Areas Criteria**

A geographic region, often a county, can be designated as a MHPSA if it meets one of the following criteria:

1. Population to core mental health provider ratio greater than 9,000:1;
2. Population to psychiatrist ratio greater than 30,000:1; or
3. Population to core mental health provider ratio greater than 6,000:1 and a population to psychiatrist ratio greater than 20,000:1.

While there is some overlap of MHPSAs and areas of need, 40% of Indiana Counties meeting one or more criterion for MHPSA designation are not currently designated as such. **The Indiana Counties highlighted in red and not currently designated represent geographic areas that Indiana can obtain federal MHPSA designation and missed opportunity for the State of Indiana.** It is important to note that counties identified in red represent geographic shortages that are easily identifiable. They do not account for the shortages of mental health professionals that exist for specific populations, such as low-income and Medicaid eligible Hoosiers.

A number of Indiana Counties are currently designated as MHPSAs but are not identified (in red) as having shortages based on their population to psychiatrist ratio. This is because geographic areas may also be designated as MHPSAs based on their low-income and Medicaid eligible populations. Low-income and Medicaid populations experience greater barriers to access than the general population due to resource limitations. They are limited to accessing mental health services through providers that accept Medicaid and/or offer free or sliding-based fees for clinical services. The supply of these professionals, generally called ‘safety-net providers’, is less than the overall supply in the mental health workforce.



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# 43

Counties in Indiana reported no psychiatrist practicing.

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Understanding who these providers are, where they practice, and whether they are accepting new patients is important to determine mental health workforce capacity for Hoosiers from low-income communities and those on Indiana Medicaid. Currently, this information does not exist for Indiana's mental health workforce. In the future, gathering these data in conjunction with licensure surveys is advised to provide Indiana with a more thorough understanding of mental health workforce supply and to inform the identification of population based shortages.

## What's Next?

Assuring that mental health services are available and accessible for all Hoosiers that need them is important to reduce related morbidity and mortality and improve mental health. At the community-level, the availability of mental health services is largely based upon the supply and distribution of the workforce that delivers mental health services. Indiana's licensed mental health workforce is comprised of psychiatrists, psychologists, psychiatric nurses, and a number of mental health professionals (see earlier section).

A number of important issues emerge from recent data on the supply and distribution of this workforce. These issues, described throughout the document and outlined below, have been organized for the purpose of informing the agenda for mental health workforce policy in the State of Indiana. These issues emerged in objective consideration of workforce data and do not take into account perspectives of any one profession or stakeholder group.

### 1. Stagnant Capacity

Although the overall number of mental health professionals licensed in Indiana has increased over the past decade, the total number that report providing clinical care has not changed. Research is needed to determine the factors contributing to job choice/selection among mental health professional, the impact on mental health service capacity, and inform pertinent policy.

### 2. Psychiatrists

Psychiatrists, the foundation of Indiana's workforce, is shrinking and aging. Recruiting new physicians into psychiatry will require close examination of pertinent education policy, such as institutional and funding priorities. In addition, health system issues such as clinical reimbursements and potential unrealized capacity within the other licensed mental health professionals should be considered.

### 3. Workforce Diversity

The demographics of Indiana's mental health workforce do not reflect the demographics of Indiana's population. Strategies for cultivating a more racially and ethnically diverse mental health workforce should be considered alongside any supply initiatives.

### 4. Workforce Distribution

Indiana's mental health workforce is not distributed equitably across the state. There are 25 Indiana Counties that qualify for MHPSA designation but are not currently designated. Obtaining MHPSA designation for these counties should be a priority. In addition, routinely gathering data on supply and distribution of the mental health workforce serving low-income and Medicaid eligible populations should be considered to identify shortages in the mental health care "safety-net."

## References

1. Duckworth, K. Mental Illness Facts and Numbers; National Alliance on Mental Illness: 2013.
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4. Cohen, J. J.; Gabriel, B.A.; Terrell, C., The case for diversity in the health care workforce. *Health affairs* 2002, 21 (5), 90-102.