

Reality or Rhetoric: Is there a solution to the mental health workforce crisis?

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Reality: Population growth

NC Total Population (2014)

- ◆ 9.5 million

NC Total Population (2000)

- ◆ 8.0 million

- ◆ Population is more diverse with an increase in Hispanic and Latino ethnicities.
- ◆ Increased number of uninsured individuals despite ACA

Reality: Poverty exists

- ◆ The overall poverty rate for North Carolina in 2012 was **17.2 percent** whereas **the national rate is 15.4 percent** (U.S. Census Bureau)
- ◆ The highest county-level poverty rate was in **Robeson County**, where more than 1 in 3 residents lived in poverty.
 - ◆ Robeson County consistently ranks as the poorest county in the state and as one of the poorest in the nation as a whole.
- ◆ Many low-income children do qualify for health insurance through the State Health Insurance Program (Health Choice) and Medicaid.
- ◆ NC children without insurance is only **9 percent**, compared to **24 percent** of North Carolinians 19-64 years old uninsured (Kaiser Family Foundation).

Reality: State of illness

- ◆ **335,000 adults** live with serious mental illness and about **99,000 children** live with serious mental health conditions.
- ◆ North Carolina's public mental health system provides services to only **34 percent of adults who live with serious mental illnesses in the state.**
- ◆ In 2008, approximately **8,200 adults with mental illnesses were incarcerated in prisons in North Carolina.**
- ◆ Additionally, an estimated **31 percent of female and 14 percent of male jail inmates live with serious mental illness.**

Reality: Workforce limitations continue

- ◆ **1:790 ratio of mental health providers to US population (Mental Health America, 2014)**
- ◆ **PCPs appear to be sole providers for care of 4 in 10 US children with ADHD, and one-third with mental health conditions overall (Anderson, et al, 2015).**
- ◆ **HPSA shortages are still across NC (96/100 counties)**
- ◆ **Greatest workforce shortage is physicians & psychiatrists.**

Rhetoric: Privatizing Medicaid will lower costs & improve care

- ◆ Bill states that by privatizing, they are “removing the middle man” and will decrease costs
- ◆ However, Private Medicaid managed care companies have a long history of delaying and denying care as a way to cut costs and increase shareholder profits
- ◆ Providers must stay within strict budget limits in their first year of operation.
 - ❖ If they provide too much care at too much cost then, just like the insurance companies, they take a financial hit.
 - ❖ Lack of workforce is due to salaries

Rhetoric: Medicaid expansion & NC HB 372

- ◆ NC did not take Medicaid expansion although critics report that--
 - ❖ Medicaid expansion would have covered **500,000** more people in North Carolina
 - ❖ Would have generated 43,000 new jobs and
 - ❖ Would have received more than \$20 billion in federal funds to finance reform.

National workforce goals for the behavioral health system (Annapolis Coalition, 2000-2012):

- ◆ Broaden the concept of workforce
- ◆ Strengthen the workforce
- ◆ What are the needed structures to support the workforce?

Broaden the concept of workforce: Goal 1

NC: Engage, Educate & Empower

NC: Engage with NAMI-NC, DBSA and other groups to provide additional care and support

NC: PR campaign to educate the entire state about mental health and increasing health literacy.

Broaden the concept of workforce:

Goal 2:

NC: Support & consider new models of health care implementation

NC: Engage the community in psychoeducation, health literacy and information to know where to seek help, health information and providers.

- ❖ Outreach is essential
- ❖ Medical centers and hospitals need to take a more active role

Strengthen the workforce

Goals 3-5:

NC: Educate ALL members of the health care team about mental health & illness

NC: Educate Acute, Primary and LT Care teams so that they can assess & manage mental health problems & psychiatric illnesses so that the severely ill patients can be managed in specialty care

NC: Increase the nursing workforce

❖ **Why Nursing?**

The unique role of a Nurse Practitioner has 50 years of experience

- ◆ Nurse Practitioners (1965- present) are now:
 - ◆ Registered nurses who have earned a Master's or Doctoral Degree
 - ◆ Educated & trained in a specific population in order to practice
 - ◆ Family NP
 - ◆ Adult/Gero NP
 - ◆ Psych-MH NP
 - ◆ Pediatric NP
 - ◆ Can diagnose and implement a variety of interventions including prescribing medications
 - ◆ Can be the front line for the most vulnerable & underserved

Structures to support the workforce: Goals 6 & 7

NC: Balancing the budget also means placing the right person in the best place for the most vulnerable – less expensive options are frequently the least trained.

NC: Provide employment opportunities with sufficient orientation and training to KEEP individuals in their workplace

NC: Support the transition of PMHNPs into the community agencies. Less expensive options often can not prescribe or manage the comorbid illnesses.

One solution: Prepare and educate Psychiatric Mental Health NPs

◆ 2005 to 2015:

- ❖ Unable to determine total number of PMHNPs in the state of NC due to lack of specificity in the NC BON tracking of NPs
- ❖ Using HRSA HPSA regions to target areas of greatest need in NC
- ❖ Recruiting RNs from the targeted areas so that graduates of PMHNP program would return to their underserved regions

Prepare and educate Psychiatric Mental Health NPs

◆ **FUNDING ESSENTIAL**

- ◆ Four HRSA Advanced Nursing Education (ANE) Grants & SIX AHEC Grants spanning from 2004-2014
- ◆ Met (and exceeded) their objectives to recruit, retain and graduate clinically competent and culturally sensitive PMHNPs who returned (or moved) to medically underserved areas (MUA) in NC.
- ◆ Total of 2.5 million dollars

Tuition Assistance: Essential

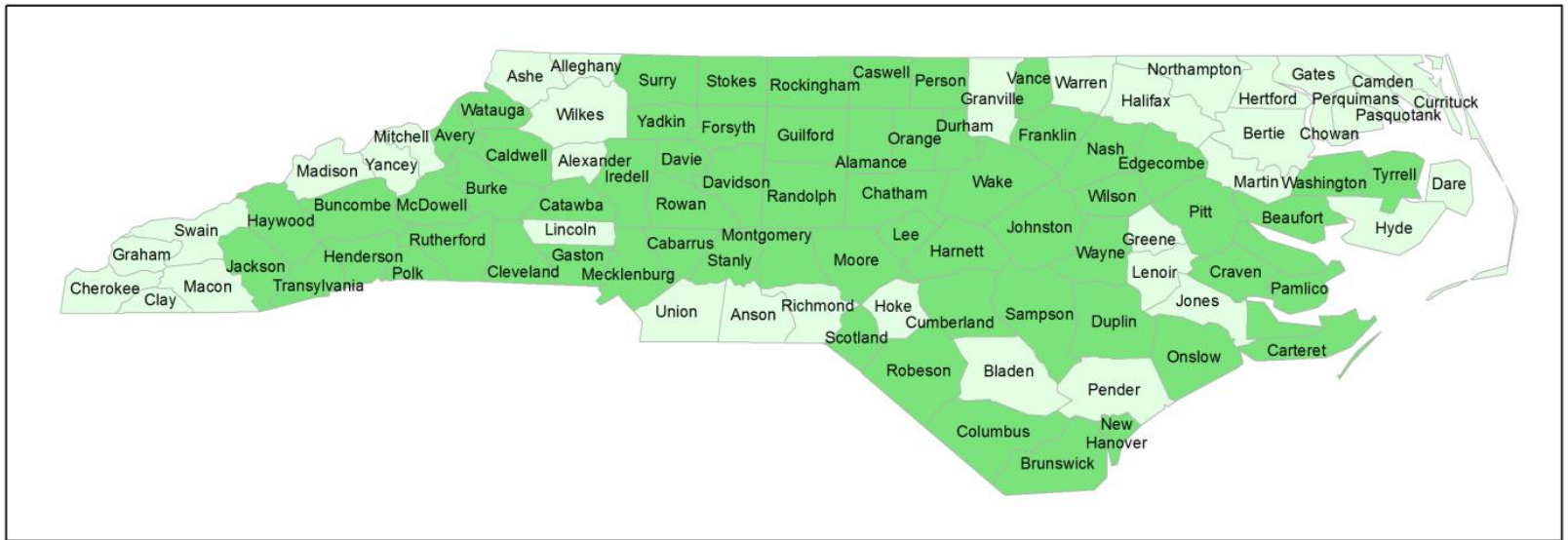
Time Period	Award Amount
7/1/06--6/30/07	\$ 47,500.00
7/1/07--6/30/08	\$ 52,500.00
7/1/08--6/30/09	\$ 117,500.00
7/1/09--6/30/10	\$ 112,256.00
7/1/10--6/30/11	\$ 112,256.00
7/1/11--6/30/12	\$ 59,917.00
7/1/12--6/30/13	\$ 59,917.00
7/1/13--6/30/14	\$ 59,917.00
7/1/14--6/30/15	\$ 59,917.00
TOTAL FUNDING from STATE to UNC-CH SON in June 2015	\$681,680.00

UNC-CH PMHNP Program

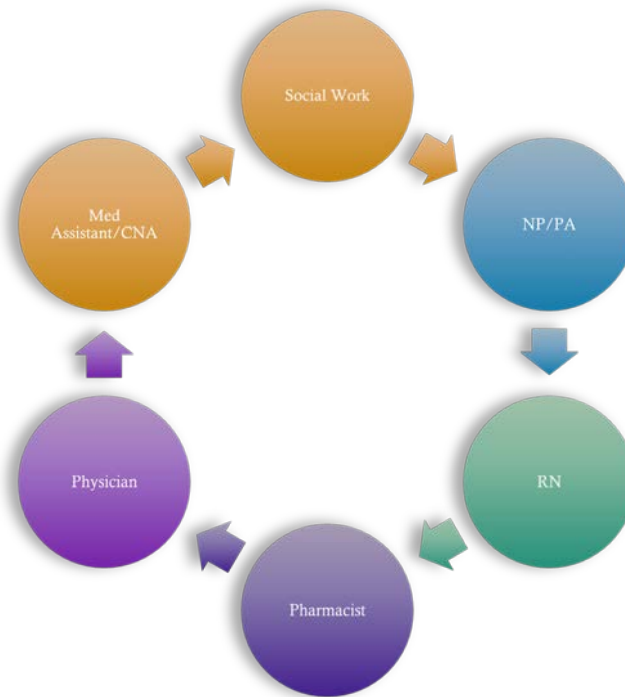
Summary points

- ◆ Overall, since 2005 (through May 2015), the UNC-CH SON has successfully graduated 125 new PMHNPs in North Carolina.
- ◆ Of those who were recruited and enrolled into the program, **99%** successfully completed the program and graduated with either a MSN or a post-MSN certificate.
- ◆ Increased the diversity and ethnicity of the PMHNPs
 - ◆ Males, African-American, Asian & Hispanic

Map of UNC-CH SON PMHNP Program Data & Impact 2005-2015

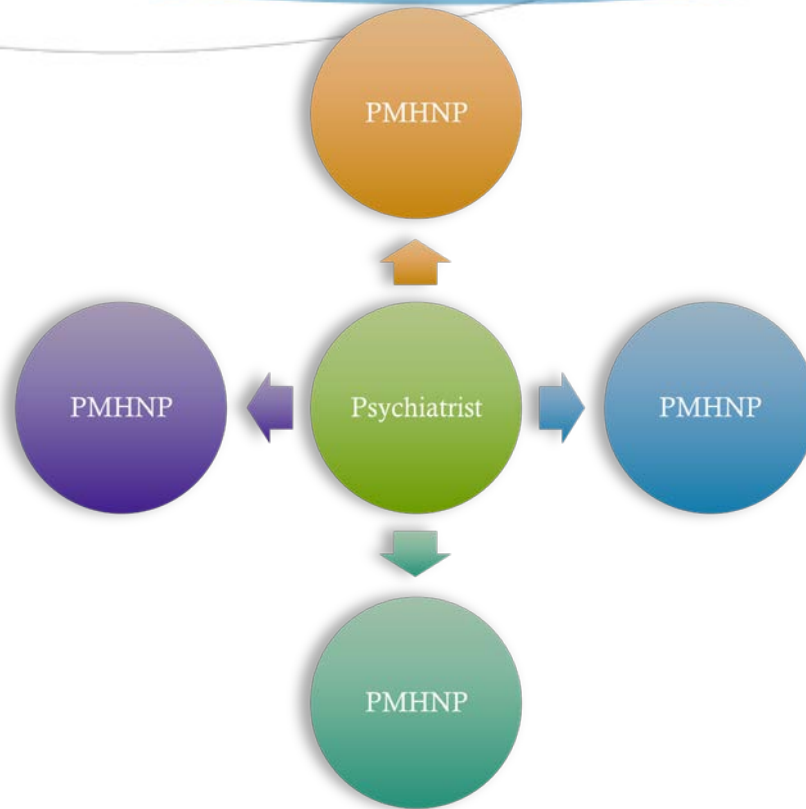


FUTURE: Create & Support Interprofessional teams



FUTURE:

Create new models-
NPs leading teams especially in HPSA



Future challenges: Integrating care

- ◆ Specialty care lacks primary care services
- ◆ Primary care lacks behavioral health services
- ◆ Lack of community support
- ◆ Lack of funding for integration of care

Summary & Recommendations

- ◆ **Promote health literacy:** Empower individuals, families and communities to learn more about health and illness in order to make choices
- ◆ **Understanding the roles** of the health care team is essential to making a team functional: Educate the public, employers & policy makers
- ◆ **Educate non-PMHNPs in Primary Care to assess/manage mental health problems & psychiatric illnesses**
- ◆ **PMHNPs can fill the gaps** especially in HPSA regions (Lead & enhance teams) in collaboration with psychiatry