



AMERICA'S Mental Health Access Crisis

Healthcare Providers
Weigh In →



Every year, as part of LocumTenens.com's largest survey of physicians and advanced practitioners, we ask a series of questions about one particular healthcare topic for our *Your Voice Matters* section. This year, we decided to focus specifically on mental healthcare and the challenges patients face in accessing these services due to lack of offered services, public funding or insurance coverage. The results of our survey, of which more than 2,300 clinicians responded, are detailed in this book.

The topic of mental healthcare access seems to arise with nearly every incident of mass violence covered by the media in this country. Politicians continue to seek solutions, from more funding to gun control measures. As I write this, two separate pieces of bipartisan legislation, H.R. 2646, the Helping Families in Mental Health Crisis Act of 2015 and S.2680, the Mental Health Reform Act of 2016, are under consideration in Congress.

In this eBook, you'll see the opinions of your fellow physicians and advanced practitioners broken down by specialty, and read the many solutions offered by your colleagues. Despite specialty or profession, a majority of you agreed more needs to be done to help the estimated 42.5 million Americans who live with mental illness.

Sincerely,

Kevin Thill
Executive Vice President, LocumTenens.com

Methodology

Invitations for the survey were emailed to a database of more than 80,000 individuals, which included physicians, nurse practitioners, physician assistants and CRNAs who have been placed by LocumTenens.com and those who have not. Respondents to all surveys were self-selected and spanned all 50 states and medical/surgical specialties. The response rate was 2.56 percent, with a +/- 3 percent error rate at a 95 percent confidence level.

By the Numbers: Mental Health in America

01

Almost 1 in 5 adults in the U.S. experiences mental illness each year¹

02

Only 41 percent of adults in the U.S. with a mental health condition received mental health services in 2014²

03

More than half of children aged 8-15 received mental health services in 2014³

04

Half of all chronic mental illness begins by age 14; three-quarters by age 24⁴

05

The average delay between onset of symptoms and intervention is 8-10 years⁵

06

In 2014, 45 states had fewer psychiatrists than they had in 2009⁶

08

Every dollar invested in mental health treatment can quadruple returns in work productivity⁸

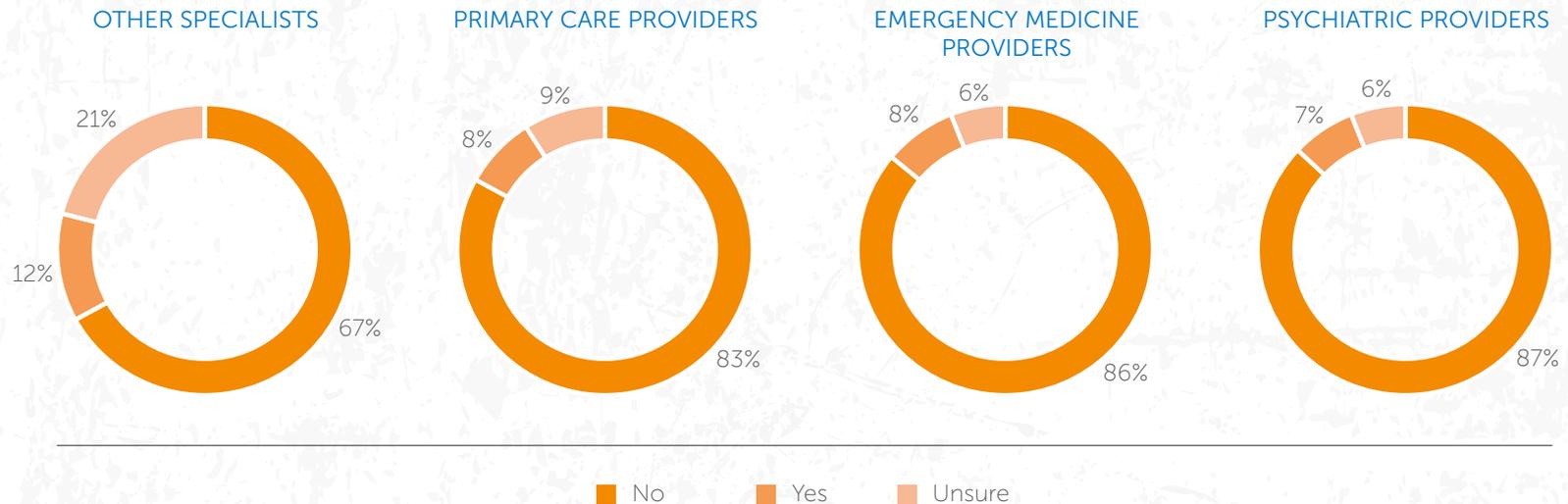
07

Serious mental illness costs America \$193.2 billion in lost earnings every year⁷

1. National Institute of Mental Health; 2. Substance Abuse and Mental Health Services Administration; 3. National Institute of Mental Health; 4. *Archives of General Psychiatry*; 5. National Alliance on Mental Illness; 6. American Association of Medical Colleges; 7. *American Journal of Psychiatry* and U.S. Surgeon General Report; 8. World Health Organization

Do Americans have enough access to mental healthcare services?

Most physicians and advanced practitioners agree U.S. patients have limited access to psychiatric services. Psychiatry professionals, primary care clinicians and emergency department staff overwhelmingly said access to mental healthcare is lacking, and 67 percent of specialists outside of psychiatry, primary care and emergency medicine indicated there was not enough access.



How should we improve mental healthcare access?

We asked healthcare practitioners their opinions regarding ways to improve access to mental healthcare. There were common themes weaved through the suggestions, regardless of specialty or title. Here are the top recommendations.

1. Increase funding for community education and awareness to encourage people to seek help for psychiatric or psychological concerns.
2. Use advanced practitioners to increase access to clinicians providing mental health care.
3. Offer an integrated approach to help more patients receive services, especially in the primary care or emergency department setting.
4. Provide more funding for behavioral services. A bill has been proposed in Congress which would increase access to mental health services for many of our most vulnerable citizens, including veterans, the homeless, women and children. This bill, the Mental Health Reform Act of 2016, would require federal programs involved in mental health policy to incorporate integrated care in the treatment of mental health.



More training is needed for primary care providers and reimbursement should be increased for primary care providers to treat basic mental health needs. Use a psychiatry professional for patients with needs not able to be managed in primary care, but continue to coordinate with primary care."

~General Practice Nurse Practitioner



I think there needs to be funding for more intermediate step-down care such as intensive dialectical behavioral therapy outpatient programs and other intensive outpatient programs or day treatment programs. We also do not have enough inpatient beds. Additionally, there needs to be more crisis resources for the homeless who use inpatient psychiatry as respite centers."

~Psychiatrist

How should we improve mental healthcare access? (cont.)

5. Offer incentives to current medical school students to become psychiatrists and increase psychiatric residencies to reduce the current psychiatrist shortage. According to the National Resident Matching Program, psychiatry experienced a 10 percent increase in U.S. medical students matching into residency programs over 2015. This marks good progress, but the new wave of psychiatrists will still struggle to keep up with increasing demand for psychiatric care.
6. Increase efficiency through telemedicine and telepsychiatry to provide more accessibility to rural patients.
7. Increase reimbursement. Insurance companies should provide more encompassing coverage, because psychiatrists would be more likely to accept all forms of insurance if they received better reimbursement.
8. Build continuum of care, including more facilities devoted to serving the unique needs of these mentally ill patients.

“There needs to be more continuity of care between inpatient and outpatient coordination of care.”

~Administrative Physician

“There needs to be more availability of adequately-trained mental health professionals and adequate compensation for their services — across the Nation. It shouldn't matter what kind of insurance the patient has, or if they are uninsured. Persons with mental health disorders are no different than those with hypertension or Diabetes — they require the same treatment and care.”

~Family Nurse Practitioner

How should we improve mental healthcare access? (cont.)

Psychiatric practitioners provided additional comments about how access to mental healthcare could be improved.

1. Mental health parity needs to become standard for all insurance companies and more strongly enforced in every state.



We need true mental health insurance parity and not just the appearance of it.”

~Psychiatrist

2. There should be better insurance coverage for prescriptions with less prior authorization hurdles.

3. Access to crisis intervention should be more readily available. Suicide is the 10th leading cause of death in the U.S. and the third leading cause of death for people aged 10-24. The military has started ramping up their access to crisis intervention through hotlines. The VA estimates 18-22 veterans commit suicide a day.



We also need more crisis stabilization facilities other than hospitals.”

~Psychiatrist

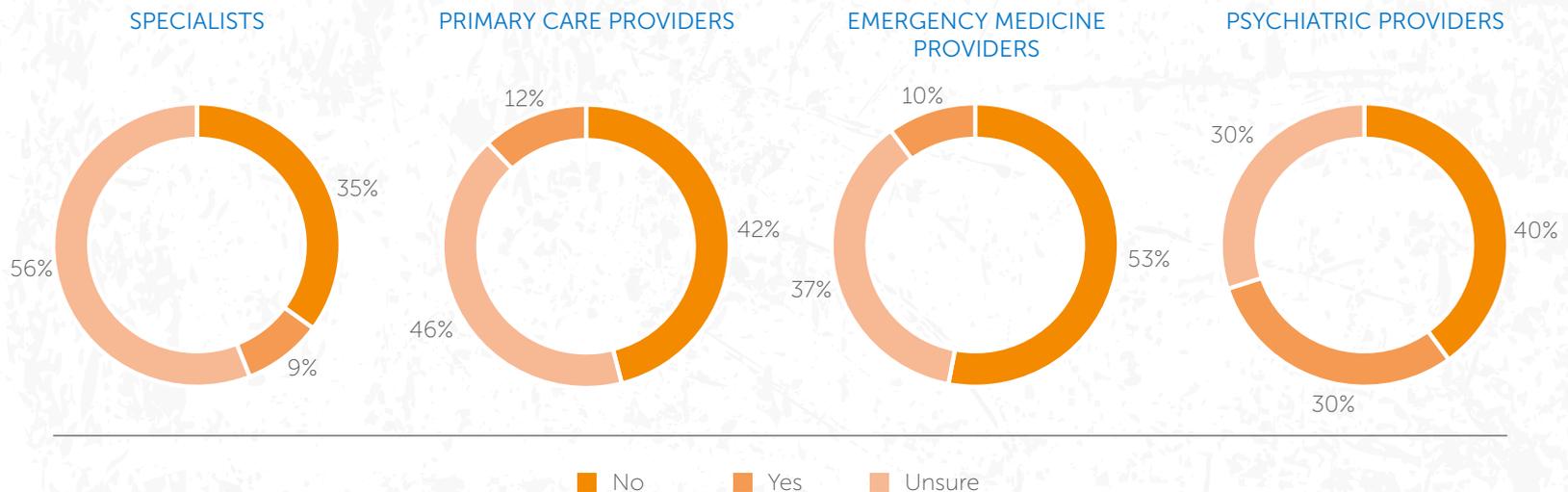
4. Many psychiatrists said universal healthcare might improve access if it was accepted in all states, though some psychiatrists disagreed. As of May 2016, Medicaid has been expanded in 32 states, including Washington D.C.

Have mental health parity laws improved access to care?

Mental health parity laws require insurance coverage for mental health conditions to be equal to other types of medical care. For example, chronic depression treatment should be treated the same as chronic diabetes as far as coverage is concerned. The federal parity law establishes minimum standards across the country, but some states have stronger parity laws. However, private insurers were two times as likely to deny coverage for patients seeking mental health care than those seeking physical medical services, according to a 2015 National Institute of Mental Health report.

As of May 2016, two major proposals have been introduced to Congress to improve mental health access in the U.S. The Mental Health Reform Act of 2015 (S 1945) and the Helping Families in Mental Health Crisis Act of 2015 (HR 2646) will enforce parity laws, improve integration between mental and physical health in Medicaid and cut down barriers to inpatient care in Medicaid.

When asked if they think mental health parity laws have, so far, improved access to care, a third of psychiatrists said "yes" and only 10 percent of emergency medicine providers agreed. More than half of specialists and almost half of primary care providers were unsure if parity laws have helped access, which could indicate a lack of knowledge concerning parity laws among non-psychiatric providers.



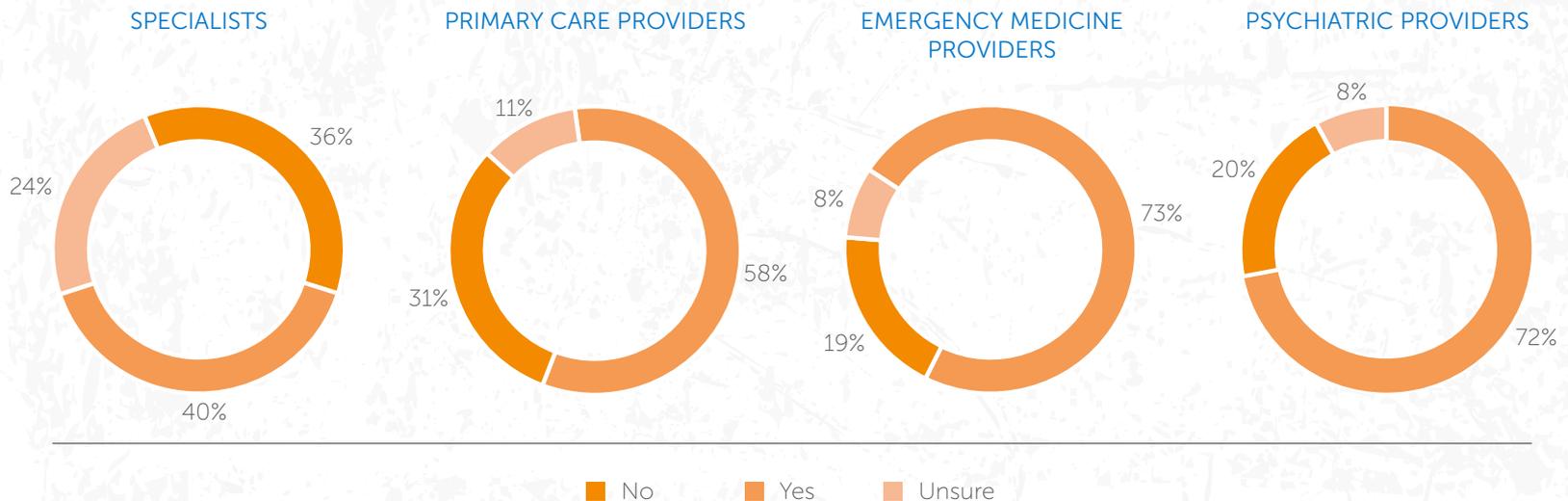
Are guidelines clear enough?

Some physicians and advanced practitioners in various specialties might find current Health Insurance Portability and Accountability Act (HIPAA) laws confusing to accurately follow, which could cause a provider to be hesitant in sharing patient information out of fear of being sued or fined for violating patient privacy. Many providers don't realize in most cases they are legally allowed to share potential life-saving information to families of patients exhibiting extreme behavioral issues.

In 2014, the Department of Health and Human Services (HHS) provided a guide for healthcare workers detailing which information is allowed to be shared. Some proposals have been introduced to Congress which could enforce the HHS guide into law and also fund education for providers about HIPAA regulations.

We asked providers if they think guidelines for reporting patients who exhibit dangerous mental illness symptoms are clear enough for them. About two-thirds of psychiatric and emergency medicine providers find current guidelines clear enough, but only 40 percent of specialists and 58 percent of primary care providers understand the guidelines.

Are guidelines clear enough for reporting patients who exhibit dangerous mental illness symptoms?



Reporting guidelines

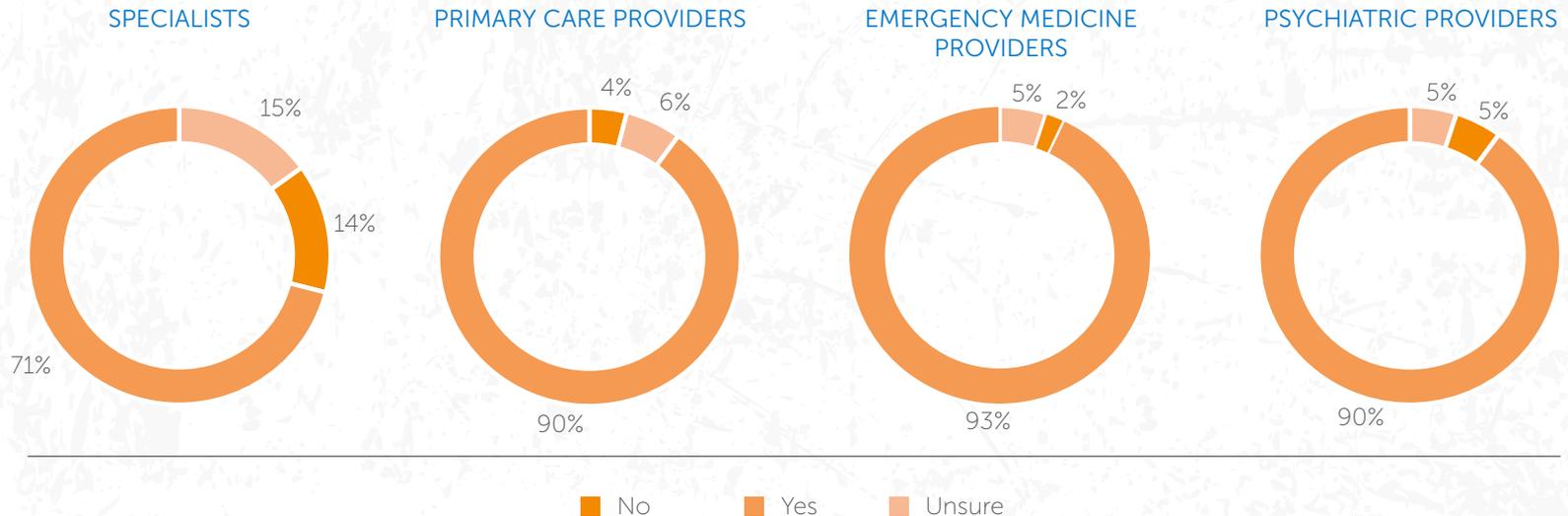
We asked providers if they report patients who exhibit mental illness which could be considered dangerous to themselves or others. Even though a smaller number of respondents said reporting guidelines are clear enough, about 90 percent of respondents said they do report dangerous patients, except for specialists, with only 71 percent of these respondents acknowledging they report dangerous patients.



“We should allow practitioners to disclose information to family members without consent if the patient is deemed to be at risk of harm to self or others.”

~Psychiatric Nurse Practitioner

Do you report patients who exhibit mental illness which could be dangerous to themselves or others?



How can we reduce the stigma of mental illness?

Unsurprisingly, most physicians and advanced practitioners, including psychiatric professionals, named education as the most important resource to reduce negative connotations with patients suffering from mental illness. Not only does there need to be more awareness and better education through the United States in general, but also within communities, schools, primary care offices, medical schools and even within psychiatric practices. Providers gave the following ideas to reduce the stigma surrounding mental illness.

1. Educate the public and patients alike that mental illness is a disease, like other chronic conditions, such as diabetes or heart disease. There should be a better effort to raise awareness through community programs and schools.



We need to emphasize the 'illness' part of the phrase and not vice versa."

~Pulmonologist



It is a process. We have to start with awareness and education and hopefully the stigma will subside over time."

~Psychiatrist

2. Better portrayal of mental health conditions is needed in the mass media to ensure a greater discussion on the national level.

3. Enable non-psychiatric providers to diagnose and treat patients who present with behavioral health issues.



Primary care providers should be equipped to reasonably handle some common mental health illnesses so patients do not find themselves getting special referrals to other providers which compounds their understanding of their illnesses."

~Pediatrician

How can we reduce the stigma of mental illness? (cont.)

4. Improve the quality of mental health care through better screening and closer monitoring and follow-ups. The average delay between onset of symptoms and intervention is 8–10 years according to NAMI.

“Mental health screening questions should be a part of all new patient information forms and all primary care teams should include at least a counselor or social worker.”

~Palliative Care Nurse Practitioner

“I feel that patients need more continuity and frequency of mental health follow-up appointments.”

~Physician Assistant in Hospital Medicine

5. Better insurance coverage and stronger parity laws could force insurers to view all chronic conditions as the same, which might help reduce the stigma.

Some providers think there is no stigma anymore or that it's at least getting better.

“I do not think the stigma is the main problem. A lot of patients are willing to seek help but there are no providers available.”

~Cardiologist

“I don't think there is an enormous stigma anymore. I think substance abuse has taken the front seat.”

~Urgent Care Physician Assistant

“I think depression is less stigmatized, but schizophrenia and other problems are still stigmatized. Education is the key for both doctors and society.”

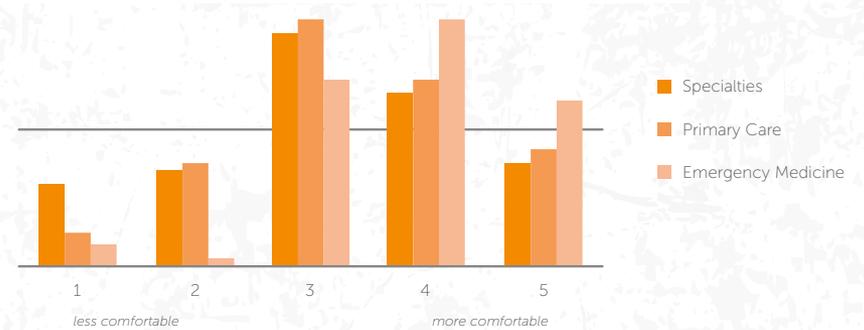
~Medical Oncologist

How do non-psychiatric providers treat psychiatric patients?

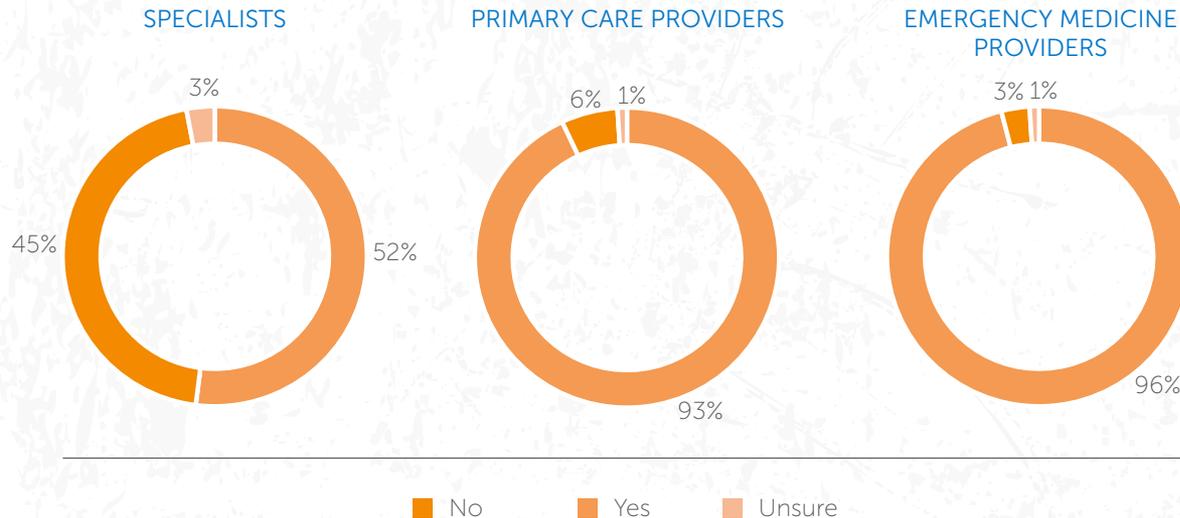
Education for non-psychiatric providers was a common suggestion to improve mental healthcare access discussed in the LocumTenens.com survey results. Those in any medical field, especially primary care or emergency medicine, could benefit from training to accurately and comfortably diagnose and treat patients presenting with a mental condition.

We asked healthcare professionals to rate their level of comfort when providing care to a patient who presents with or has been diagnosed with a mental illness on a scale from 1 to 5, with 1 being not comfortable and 5 being very comfortable.

How comfortable are you providing care to a patient with mental illness?



Do you ever refer patients for psychiatric treatment?

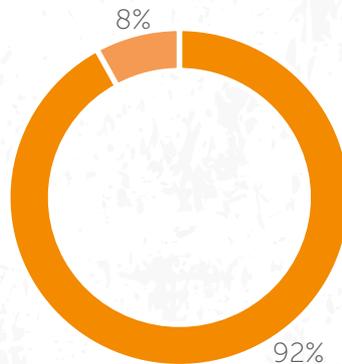


Getting opinions from the experts

Between 1995 and 2012, at least 4,500 public psychiatric hospital beds were eradicated, even though the number of severely mental ill adults rose from 7.9 million to 9.6 million, according to the National Association of State Mental Health Program Directors.

To delve deeper into the limitations in mental health care, we asked psychiatrists and psychiatric advanced practitioners their thoughts regarding current access to inpatient treatment. When asked if there are presently enough beds available for patients with mental illness who need inpatient care, most survey respondents answered no.

Are there enough beds available for mentally ill patients who need inpatient care?



■ No ■ Yes



Right now, if you can't get 'well' in a week you are out of luck. It is absolutely disgraceful that prison is the new state hospital. As a correctional psychiatrist I can't reinforce enough that prisons are not healing environments. That we allow it is shocking."

~Psychiatrist

Psychiatric professionals offer advice for improving inpatient access

What could be done to improve access to long-term, inpatient treatment? Here is insight from the experts:

1. State hospitals and long-term inpatient care are currently lacking. Additional facilities should be available to house patients as there is a lack of beds at general hospitals. Unfortunately, more and more inpatient facilities are shutting their doors.

“ We need to re-open facilities, provide better coverage for inpatient stays (longer stays and less obstructionist authorization process), and receive more funding from promised programs on the state and national level.”

~Psychiatrist

2. Better screening and management should take place. More intensive outpatient monitoring could reduce readmissions and keep beds less full.

“ Our chronically mentally ill patients need supervised housing which is not a nursing home. Placement is challenging.”

~Psychiatrist

3. Improve insurance coverage of long-term inpatient care. Allow for physicians to determine length of stay based on patient need, not coverage terms.

“ I don't think it is necessarily an 'enough beds or not' situation. Insurance companies pressure physicians/psychiatrists to discharge patients as soon as they are 'fixed.'”

~Psychiatrist

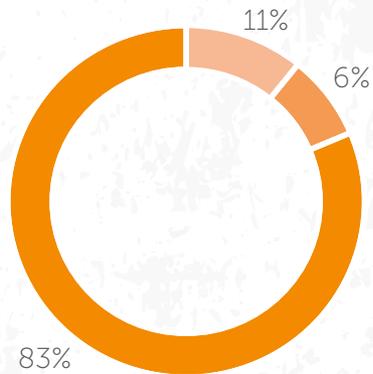
“ This will take a coordinated collaboration between payers and providers starting (or arriving) at an agreement that the best care is the least overall expensive care. We need better integration of the continuum of care, perhaps with provider continuity across that spectrum.”

~Psychiatrist

Psychiatry experts discuss the psychiatrist shortage

There are approximately about 12.4 psychiatrists for every 100,000 residents in the U.S., according to a 2014 World Health Organization study. The American Medical Association reports the total number of physicians in the U.S. rose by 45 percent from 1995 to 2013, but the number of adult and child psychiatrists only increased by 12 percent. It should come as no surprise that only six percent of our survey respondents working in the psychiatric field think there are enough psychiatrists practicing today to provide adequate care.

Are there enough psychiatrists practicing in the U.S. today to provide adequate care?



■ No ■ Yes ■ Unsure

“ We are extremely limited in child and adolescent psychiatrists.”
~Psychiatrist

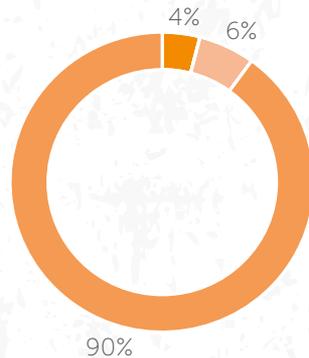
“ We need to increase the number of psychiatrists in clinical practice.”
~Psychiatrist

Psychiatry experts discuss the psychiatrist shortage (cont.)

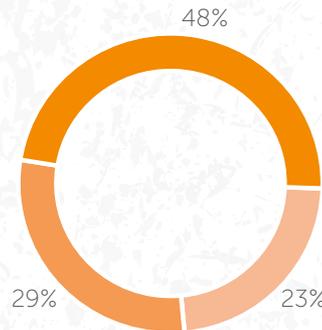
Healthcare leaders are attempting different techniques to solve the current psychiatrist shortage, which include telepsychiatry services and the use of advanced practitioners. We asked both psychiatrists, psychiatric nurse practitioners and physician assistants if they think allowing advanced practitioners to practice independently will improve access to mental healthcare services. As advanced practice roles have grown, and states have passed laws to increase their scope of practice, some physicians have expressed the need for restraint. Advanced practitioners typically disagree. It's no surprise most advanced practitioners agree with this strategy, but almost half of psychiatrists disagree.

Do you think allowing advanced practitioners to practice independently will improve access to mental healthcare services?

ADVANCED PRACTITIONERS



PHYSICIANS



■ No ■ Yes ■ Unsure

“ We need more psychiatrists. However, in the absence of that, psychiatric NPs and PAs need to be more readily available.”

~Psychiatric Nurse Practitioner

“ Mental health nurse practitioners just don't have the depth of training nor the width of experience. They can be useful but should not be independent.”

~Psychiatrist

About LocumTenens.com

LocumTenens.com is a full-service healthcare staffing agency, specializing in the temporary placement of physicians, CRNAs, physician assistants and nurse practitioners at healthcare facilities across the U.S. As the industry's most-visited job board, LocumTenens.com helps healthcare organizations connect with the professionals they need to ensure patients have access to quality care. Founded in 1995, LocumTenens.com is part of the Jackson Healthcare family of companies. Learn more at www.locumtenens.com/about.