

## Psychiatry: “The Silent Shortage”



A resource provided by Staff Care, the nation’s leading locum tenens staffing firm and a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions company in the United States.

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### About Staff Care

Staff Care is the leading provider of locum tenens staffing services in the United States and is a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions organization in the nation. As part of our role as industry leaders, Staff Care generates original survey data regarding trends in locum tenens staffing, presents educational seminars on physician staffing and related topics, and develops a series of white papers examining physician and advanced practitioner staffing issues.

Staff Care executives authored the book on locum tenens staffing. Entitled, *Have Stethoscope, Will Travel: Staff Care’s Guide to Locum Tenens*, the book outlines locum tenens staffing principles, uses and procedures for both healthcare facilities and physicians. Staff Care is proud to sponsor the Country Doctor of the Year Award, a national honor that recognizes the spirit, skill and dedication of America’s rural medical practitioners.

This white paper is one in a series that Staff Care has produced. Others in the series include:

- ❖ Nurse Practitioners and Physician Assistants: Supply, Distribution, and Scope of Practice Considerations
- ❖ Women in Medicine: A Review of Changing Physician Demographics, Female Physicians by Specialty, State and Related Data
- ❖ Physician Supply Comparisons: Physicians by Select Specialties Practicing in Each State and Licensed in Each State but Practicing Elsewhere
- ❖ The Physician Shortage: Data Points and State Rankings
- ❖ Population Health Management and Physician Staffing

### Overview

The shortage of physicians in the United States – particularly primary care physicians – has been well documented, with a variety of organizations, including the American Medical Association (AMA), the Health Resources and Services Administration (HRSA), the Association of American Medical Colleges, and multiple state medical and specialty societies projecting a doctor deficit.

In March, 2015, the AAMC released a study entitled “The Complexities of Physician Supply and Demand: Projections from 2013 to 2025”. The AAMC concluded in this study that the U.S. will face a deficit of between 46,000 and 90,400 physicians by 2025. The report emphasized that while primary care doctors will be in short supply, the steepest deficits may be among specialist physicians who care for the elderly, including psychiatrists.

According to Dr. Tom Insel, M.D., Director at the National Institute of Mental Health (NIMH), a disturbing trend continues to develop in the supply of psychiatrists and overall quality of mental healthcare nationwide. This emerging crisis is due to a multitude of factors, including an aging psychiatrist population, a small percentage of medical school graduates choosing psychiatry residency programs (4%), and mental healthcare models that operate “like a bus station”, stressing patient volume over value of care (See “Where are We Going?”, NIMH, June 2011).

The reference in the new AAMC physician shortage projections to psychiatrists therefore is welcome because psychiatry often is overlooked in physician supply discussions.

The lack of emphasis given to the psychiatry shortage is partially rooted in pervasive stigmas about mental illness in the United States. Those suffering from depression and other forms of mental illness frequently are reluctant to discuss their problems, and are often reluctant to seek treatment. While the symptoms of those with heart, lung, orthopedic or other physiological problems typically are readily apparent, the symptoms of those with psychological problems often are not.

In addition, mental illnesses generally cannot be addressed through medical procedures, but only made manageable through long-term treatment with drugs and/or therapy. Hospitals and clinics tend to be procedure oriented, a “cleaner” form of medicine where the appropriate surgery/intervention is performed and the next patient is addressed.

Historically, if government and other payers pay well for a procedure, particular attention is given to that procedure. Cardiology procedures and orthopedic surgery procedures usually fall into this highly desirable “profit center” category. Psychiatry, by contrast, is not a profit center for most hospitals (psychiatric services are not covered by some insurance companies) so such services sometimes are not given a high priority.

As a general rule, mental health problems in the United States, their causes, cures and those who suffer from them, tend to be swept under the carpet.

For these reasons, Staff Care refers to the dearth of psychiatrists as the “silent shortage”.

## **A GROWING DEMAND**

The shortage of psychiatrists in the United States is driven in part by a growing need for psychiatric services. Consider:

- One in every five adults in America experiences some form of a mental illness
- Nearly one in 20 adults in America (13.6 million) live with a serious mental illness
- 60% of adults with a mental illness received no mental health services in the previous year
- Suicide is the 3<sup>rd</sup> leading cause of death in youths ages 10-24, and the 10<sup>th</sup> leading cause of death for adults in the U.S.
- The average delay between onset of mental health symptoms and intervention is 8-10 years
- Over \$193 billion dollars in lost earnings a year result from serious mental illness
- 24% of state prisoners have “a recent history of a mental health condition”

*Source: National Alliance on Mental Illness (NAMI; [www.nami.org](http://www.nami.org))*

These alarming statistics and trends make it 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. Prior to further examining supply and demand trends in psychiatry we have provided a brief background on the specialty.

## History and State of Psychiatry

A psychiatrist is defined by the American Psychiatric Association (APA) as a medical doctor who specializes in the diagnosis, treatment and prevention of mental health illness, including substance use disorders. A psychiatrist has earned a medical degree (either M.D. or D.O.) in addition to completing a four-year residency program in psychiatry and additional specialized fellowship training as applicable. They are board certified by the American Board of Psychiatry and Neurology, and must be re-certified by written and oral examination every 10 years.

Psychiatry and inquisition into the human mind has a long-established history in the United States. According to the APA, in 1812 Benjamin Rush, M.D., considered the Father of American Psychiatry, published the first psychiatric textbook in the U.S. called *Inquiries and Observations on Diseases of the Mind*. In 1844, superintendents from the existing 24 mental hospitals met and established the Association of Medical Superintendents of American Institutions for the Insane, considered the precursor association to the APA. Throughout the 19<sup>th</sup> century, significant work was done to reorient the management and placement of mentally ill patients, emphasizing the movement of “insane” individuals from incarceration and inhumane treatment through the creation of state mental hospitals.

The American Psychiatric Association received its modern name in 1921. The time following saw great advancements for psychiatry in the United States. Somatic therapy methods were introduced into psychiatry in the 1930s, including the use of insulin, metrazol, and electro-convulsive therapy. In 1946, Congress passed the National Mental Health Act, establishing the National Institute for Mental Health and providing federal funds for mental disorder research, training for professionals, and community services for the first time. In 1955 psychoactive drugs were introduced in the United States, with widespread implementation leading to increased discharges from state mental hospitals (a reduction from 560,000 hospital beds and 315 public mental hospitals to 53,000 beds and 230 hospitals over the past half-century). As the APA has moved into the 21<sup>st</sup> century, continued evaluations on proper treatment protocols, implementation of research, and overall organization have remained a top priority.

*Source: “APA History”, American Psychiatric Association*

### PRACTICE

Psychiatrists today work in a wide range of specialties and practice settings. Specialties for which certification is granted include:

- Child and adolescent psychiatry
- Geriatric psychiatry
- Forensic (legal) psychiatry
- Addiction psychiatry
- Pain medicine
- Psychosomatic (mind and body) medicine
- Psych/Family Medicine
- Pediatrics/Psychiatry
- Psychiatry/Neurology

Practice settings are wide-ranging for psychiatrists, including community health centers, clinics, private practices, general and psychiatric hospitals, prisons, government and military settings, university medical centers and other settings. About 50% of psychiatrists in the United States work in private practice.

## Supply Distribution

There are currently 28,250 psychiatrists in active practice in the U.S. A distribution by state can be seen below, with the top 5 most populous states of California, New York, Texas, Pennsylvania and Florida

comprising 39% of all psychiatrists and 37% of the general population.

<u>State</u>	<u>Number of Psychiatrists</u>	<u>Percentage of Psychiatrists</u>	<u>Percentage of U.S. Population</u>
California	3,842	13.6%	12.2%
New York	3,044	10.8%	6.2%
Texas	1,546	5.5%	8.5%
Pennsylvania	1,309	4.6%	4.0%
Florida	1,288	4.6%	6.2%
Massachusetts	1,207	4.3%	2.1%
Illinois	1,056	3.7%	4.0%
New Jersey	960	3.4%	2.8%
Ohio	916	3.2%	3.6%
North Carolina	868	3.1%	3.1%
Maryland	818	2.9%	1.9%
Michigan	733	2.6%	3.1%
Virginia	717	2.5%	2.6%
Georgia	661	2.3%	3.2%
Connecticut	567	2.0%	1.1%
Arizona	511	1.8%	2.1%
Washington	498	1.8%	2.2%
Missouri	468	1.7%	1.9%
Colorado	459	1.6%	1.7%
Wisconsin	456	1.6%	1.8%
Minnesota	433	1.5%	1.7%
Tennessee	433	1.5%	2.1%
South Carolina	398	1.4%	1.5%
Oregon	377	1.3%	1.2%
Indiana	346	1.2%	2.1%
Louisiana	333	1.2%	1.5%
Kentucky	310	1.1%	1.4%
Alabama	304	1.1%	1.5%
Puerto Rico	271	1.0%	1.1%
Oklahoma	270	1.0%	1.2%
Kansas	212	0.8%	0.9%
Arkansas	199	0.7%	0.9%
New Mexico	187	0.7%	0.7%
Utah	185	0.7%	0.9%
Rhode Island	182	0.6%	0.3%
Iowa	173	0.6%	1.0%
Mississippi	159	0.6%	0.9%
Washington, D.C.	158	0.6%	0.2%
Maine	153	0.5%	0.4%
Hawaii	152	0.5%	0.4%
Nevada	146	0.5%	0.9%
New Hampshire	143	0.5%	0.4%
West Virginia	121	0.4%	0.6%

Nebraska	117	0.4%	0.6%
Vermont	102	0.4%	0.2%
Idaho	83	0.3%	0.5%
Alaska	72	0.3%	0.2%
Montana	72	0.3%	0.3%
Delaware	68	0.2%	0.3%
North Dakota	65	0.2%	0.2%
South Dakota	58	0.2%	0.3%
Wyoming	34	0.1%	0.2%
Total	28,250		

Source: American Medical Association (AMA) Master File/MMS

Distribution of psychiatrists can also be displayed on a per capita basis. The average nationwide is 8.9 psychiatrists per 100,000. A breakdown by state is below:

<u>State</u>	<u>Psychiatrists/100,000</u>
Washington, D.C.	24.0
Massachusetts	17.9
Rhode Island	17.2
Vermont	16.3
Connecticut	15.8
New York	15.4
Maryland	13.7
Maine	11.5
New Hampshire	10.8
New Jersey	10.7
Hawaii	10.7
Pennsylvania	10.2
California	9.9
Alaska	9.8
Oregon	9.5
New Mexico	9.0
North Dakota	8.8
North Carolina	8.7
Virginia	8.6
Colorado	8.6
South Carolina	8.2
Illinois	8.2
Minnesota	7.9
Wisconsin	7.9
Ohio	7.9
Missouri	7.7
Puerto Rico	7.6
Arizona	7.6
Michigan	7.4
Kansas	7.3

Delaware	7.3
Louisiana	7.2
Washington	7.1
Montana	7.0
Kentucky	7.0
Oklahoma	7.0
South Dakota	6.8
Arkansas	6.7
Tennessee	6.6
Georgia	6.5
West Virginia	6.5
Florida	6.5
Utah	6.3
Alabama	6.3
Nebraska	6.2
Wyoming	5.8
Texas	5.7
Iowa	5.6
Mississippi	5.3
Indiana	5.2
Nevada	5.1
Idaho	5.1
<b>National Average</b>	<b>8.9</b>

*Source: AMA Master File/MMS*

As these numbers demonstrate, psychiatrists are not evenly distributed throughout the country, with considerably more psychiatrists concentrated in the Northeast, historically the location of the preponderance of training programs.

According to Richard “Buz” Cooper, M.D. of the University of Pennsylvania, a noted national authority on physician supply, distribution and utilization, a population of 100,000 can support 14.7 psychiatrists, or one for every 6,800 people (this is a national average and may vary based on the economic, demographic and healthcare considerations of local areas). As the numbers above indicate, all but six states fall below this average.

## Aging Outlook

Psychiatry is one of the oldest specialties on average in medicine. Of the 28,250 active psychiatrists, 59% are 55 years of age or older, placing it as the 3rd oldest specialty (see list below).

### Percent of Physicians 55 and Older

Specialty	Percentage
Pulmonology	73%
Oncology	66%

Psychiatry	59%
Cardiology	54%
Orthopedic Surgery	52%
Neurology	50%
General Surgery	48%
Ophthalmology	48%
Urology	48%
Radiology	47%
Gastroenterology	45%
Neurological Surgery	45%
Otolaryngology	45%
Anesthesiology	44%
Dermatology	43%
Hematology/Oncology	41%
Internal Medicine	40%
Vascular Surgery	40%
Family Practice	38%
Obstetrics/Gynecology	38%
Pediatrics	38%
Emergency Medicine	34%
Nephrology	34%

*Source: Merritt Hawkins Physician Staffing Resource, AMA Master File*

Given the large percentage of psychiatrists over the age of 55, it can be anticipated that many psychiatrists will retire in the near future. This reduced workforce creates a premium on increasing psychiatrist supply through graduate medical education (GME). However, when looking at the state of GME for psychiatry, the numbers reveal a concerning state of affairs.

According to the APA Resident Census for 2013-14, there were 1,037 residents entering their final year of residency training for general psychiatry programs for the 2013-2014 year. Below is a breakdown by year in general psychiatry residency program:

<u>Year in Residency Program</u>	<u>Number of Residents</u>	<u>Percentage of Residents</u>
1	1,261	25.3%
2	1,340	26.9%
3	1,332	26.8%
4	1,037	20.8%
5 or Over	9	0.2%

*Source: APA Resident Census, Characteristics and Distribution of Psychiatry Residents in the U.S. 2013-2014*

Total resident enrollment in psychiatry programs (including specialty programs) shows a majority of residents are enrolled in general psychiatry programs (82.5%), with child and adolescent psychiatry comprising the second largest percentage of residents (14.2%). Below is a breakdown of program specialties:



<u>Program Specialty</u>	<u>Total number of Residents</u>	<u>Percentage of Residents</u>
Psychiatry	4,979	82.5%
Child and adolescent psychiatry	859	14.2%
Addiction psychiatry	64	1.1%
Forensic psychiatry	66	1.1%
Geriatric psychiatry	64	1.1%
Total	6,032	

*Source: APA Resident Census, Characteristics and Distribution of Psychiatry Residents in the U.S. 2013-2014*

Based on the data above, it can be projected that an average of 1,243 psychiatrists will complete GME programs for general psychiatry each year from 2014-2017, with 6,032 psychiatrists total completing GME programs over the next 4 years. With 59% of the active psychiatrist population at 55 years of age or older or 12,486 psychiatrists- there is a potential in the near future to have more psychiatrists leaving the specialty per year than entering.

## The “Silent Shortage”

The United States is currently facing a mental illness coverage crisis- one in which a large percentage of the population is suffering from mental illness, and current resources available drastically underserve those in need. As indicated by the National Alliance on Mental Illness (NAMI), nearly 44 million adults experience mental illness in a year, with 60% of those adults receiving no mental health services in the previous year. In addition, 50% of youths ages 8-15 with a mental illness received no health services in the previous year. This lack of treatment leads to real consequences, including lost income/production, unemployment/homelessness and harmful behaviors that can lead to suicide.

There are currently 3,968 mental health care health professional shortage areas in the U.S., and more than 50% of the country does not have the necessary amount of practitioners to meet the needs of their area. Below is a list of all 50 states showing the percent of mental health care need that is met per state. The list was compiled by the Kaiser Family Foundation. The percent of need met is computed by dividing the number of psychiatrists available to serve the population of the area, group, or facility by the number of psychiatrists that would be necessary to eliminate the mental health HPSA (based on a ratio of 30,000 to 1 psychiatrist (20,000 to 1 where high needs are indicated).

### Percent of Mental Health Need Met Per State

<u>Location</u>	<u>Total Mental Health Care HPSA Designations</u>	<u>Percent of Need Met</u>	<u>Practitioners Needed to Remove HPSA Designation</u>
Alabama	51	45.6%	83
Alaska	63	22.7%	8

Arizona	95	24.1%	204
Arkansas	43	63.3%	33
California	339	43.9%	167
Colorado	62	76.5%	23
Connecticut	28	32.0%	63
Delaware	10	25.6%	6
District of Columbia	9	59.8%	3
Florida	143	49.8%	83
Georgia	91	42.3%	123
Hawaii	27	64.0%	4
Idaho	36	58.0%	24
Illinois	123	69.5%	71
Indiana	53	43.4%	106
Iowa	67	60.8%	30
Kansas	63	56.5%	17
Kentucky	90	72.0%	34
Louisiana	109	41.6%	83
Maine	51	35.8%	8
Maryland	49	66.3%	32
Massachusetts	57	55.0%	19
Michigan	191	41.4%	73
Minnesota	59	61.4%	30
Mississippi	41	77.8%	59
Missouri	83	69.1%	89
Montana	69	25.5%	21
Nebraska	75	76.3%	9
Nevada	31	59.2%	44
New Hampshire	19	94.9%	1
New Jersey	31	71.9%	4
New Mexico	63	29.5%	45
New York	147	43.1%	120
North Carolina	88	52.2%	25
North Dakota	50	83.1%	9
Ohio	97	56.6%	59
Oklahoma	108	25.2%	64
Oregon	75	50.5%	44
Pennsylvania	116	61.9%	37
Rhode Island	10	100.0%	0
South Carolina	46	55.0%	40
South Dakota	49	15.2%	22
Tennessee	63	38.6%	88
Texas	333	46.8%	193
Utah	37	62.9%	47
Vermont	23	NSD	NSD
Virginia	50	61.0%	35
Washington	112	40.4%	71

West Virginia	83	66.1%	22
Wisconsin	103	20.8%	212
Wyoming	16	73.9%	6

Source: Henry J. Kaiser Family Foundation

As these numbers indicate, only half of all states have met 50% or more of their mental health care need, while some states have not met even a quarter of their need.

Although recent legislation under the Affordable Care Act has attempted to increase mental health coverage, the current results are mixed. In 2008, the Obama administration passed the Mental Health Parity and Addiction Equity Act of 2008, requiring insurance companies to offer the same amount of coverage for mental health/substance abuse disorders as medical procedures. Under this law, insurance plans must cover 10 Essential Health Benefits, including mental health disorders. However, the specific services covered by each category are not specified, and may vary largely from state to state (See *“Obamacare Hasn’t Propelled Mental Health Treatment”*, US News, October 2014).

Some states, such as Texas, Wisconsin and Alaska, have programs in place that financially reward psychiatrists for practicing in underserved areas. Through two new medical schools, Wisconsin is adding ten new psychiatry residents positions by 2017. In February, 2015, Wisconsin initiated the Child Psychiatrist Consultation Program in which child psychiatrists are on-call through phone or email to consult with primary care physicians.

In addition, Illinois, New Mexico and Louisiana are the first states to pass laws allowing psychologists to prescribe pharmacological drugs (in at least the case of Illinois, they can only do so in cooperation with a physician). In addition, mental health and psychiatric nurse practitioners and physicians assistants also may take on more of the mental health workload.

As discussed previously, the stigma against mental health in the United States plays a large role in lack of mental healthcare coverage and the dearth of psychiatrists available to provide adequate care. While other prominent specialties such as cardiology and orthopedic surgery offer healthcare providers “profit center”-based care where patient illnesses can be treated with medical procedures or tangible interventional care, mental health coverage often requires long-term management without a defined “cure”. Thus, mental health care is not as desirable a service line for hospitals and private insurance companies as are other specialties.

The current supply of psychiatrists in the United States places patients in a precarious state. There are currently 28,250 psychiatrists practicing active patient care in the U.S.; in addition, 59% of psychiatrists are 55 years of age or older, meaning a large percentage of the active psychiatry population will be retiring or reducing workload in the near future.

Despite these facts, the shortage of psychiatrists and mental health coverage goes largely unnoticed- a “silent shortage”. While mental health issues are not going away, psychiatrists are, only exacerbating a growing gap between supply and need for increased care.

## Conclusion

Although largely swept under the rug, mental health issues remain a significant hurdle in the United States, with lack of adequate coverage resulting in loss of production and harmful individual behaviors. The shortage of psychiatrists, and lack of attention paid to this problem, will have to be addressed, particularly as an aging psychiatrist population exits the workforce.

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