CRISIS POINT:
Mental Health Workforce Shortages in Texas

Health Care Crisis in Texas

Texas is changing as the population increases, ages and shifts in ethnic composition. A growing number of people in Texas have multiple conditions that require complex care. With these changes, Texas will require more doctors, nurses and other health care professionals — now and in the future.

But the current supply of health care professionals is not meeting the demand for services, creating a health care workforce crisis. The state's health care professional shortage, particularly in rural and impoverished urban areas, is well known to those seeking services as well as to most policymakers.

A similar critical shortage in mental health care professionals is often overlooked. Yet the most severe health profession shortages are in mental health services.[1] Texas ranks far below the national average in the number of mental health professionals per 100,000 residents. This gap will worsen if steps are not taken now to address the mental health workforce shortage in Texas.

Why Mental Health Services Matter

One in four adults in the U.S. experiences a diagnosable mental illness in a given year. Six percent have a serious mental illness. Nearly half of all adults in the U.S. will have a diagnosable mental health condition in their lifetime.

People experiencing mental illness can achieve recovery and wellness when appropriate mental health services and supports are available. Through recovery, they can live meaningful, productive lives in their community.

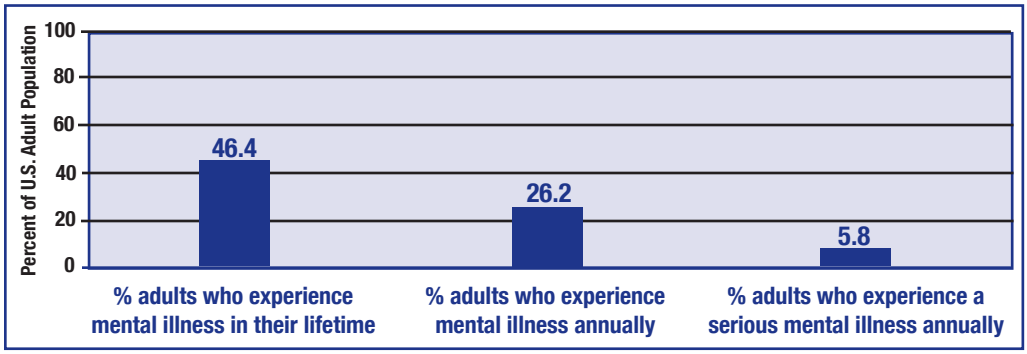
Recovery does not happen in isolation. It may require treatment and support from family, friends and mental health workers such as psychologists, licensed professional counselors, social workers, psychiatrists, psychiatric or advance practice registered nurses, and certified peer support specialists. These professionals have special education, training and skills to serve mental, behavioral and emotional needs.[2]

The individual and societal benefits of achieving mental wellness are obvious. The economic value of providing appropriate mental health services can be measured in avoided costs to hospitals and criminal justice and juvenile justice systems. For example, the estimated lifetime cost of maintaining a person in the Texas criminal justice system is more than $2 million.

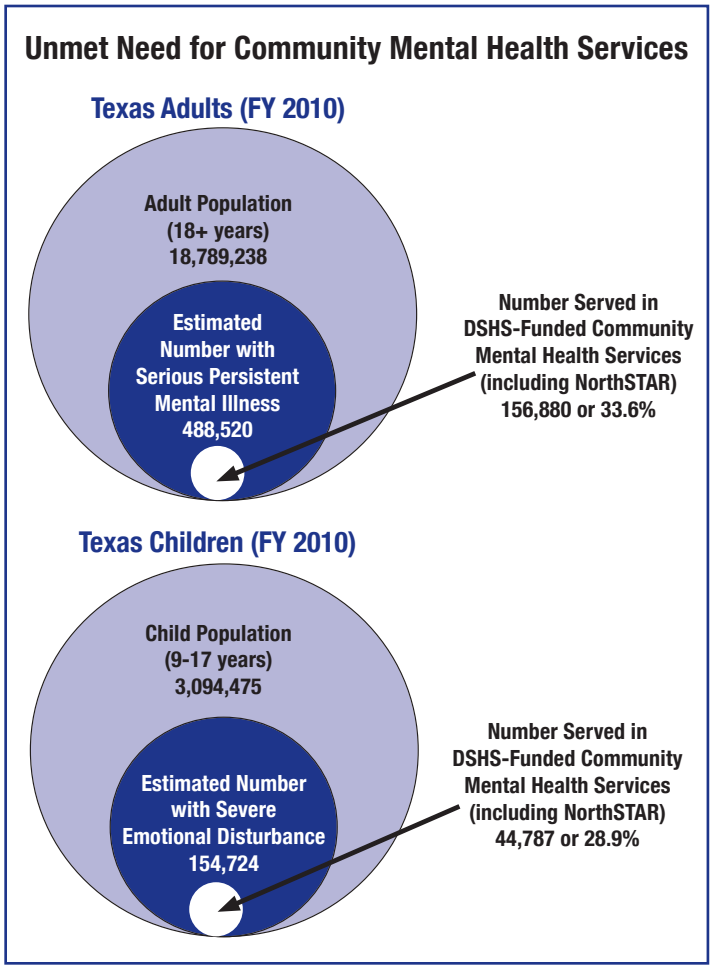
But appropriate services cannot be provided in Texas if the supply of mental health professionals cannot keep pace with the state's needs. According to the Texas Department of State Health Services, less than one-third (44,787 or 28.9%) of 154,724 Texas children with severe emotional disturbance received treatment through community mental health services. Only 156,880 (33.6%) of 488,520 adults with serious and persistent mental illness received services through the community mental health system.[3] According to the Texas Health and Human Services Commission, less than 33% of the state's 48,700 practicing doctors accept Medicaid patients.[4]

Texas can and must address this growing crisis by prioritizing access to mental health services and taking steps to reduce shortages in the state's mental health workforce.

Table 1: Prevalence of Mental Illness Among U.S. Adults



Source: National Institute of Mental Health. Retrieved on February 21, 2011 at www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml



Source: Texas Department of State Health Services (February 2011)

Snapshot: The Crisis in Texas

As of March 2009, 173 out of 254 Texas counties (68%) and two partial counties were designated as Health Profession Shortage Areas (HPSAs) for mental health.[5] In 2009, 102 Texas counties did not have a psychologist, 48 counties did not have a licensed professional counselor, and 40 counties did not have a social worker. Even more striking is the fact that 171 counties did not have a single psychiatrist.[6]

While the population in Texas has increased and become more diverse and health care needs have grown more complex, the supply of psychologists and social workers has remained flat, causing an overall decline in the ratio of provider to population. Culturally competent and linguistically diverse mental health professionals are particularly difficult to find.

Many factors contribute to and exacerbate the mental health workforce shortage in Texas:

- An aging workforce that is beginning to retire. (Table 3)
- Recruitment and training challenges for mental health professionals.
- Lack of Texas mental health professional internship sites.
- Inadequate pay and reimbursement rates in the public mental health system.
- Lack of cultural and linguistic diversity in the workforce, causing a significant shortage of mental health providers with the knowledge, training and skills to serve people who speak languages other than English or are of racial or ethnic minority populations.

Unless steps are taken to address the shortage of mental health care professionals in Texas, the state's growing demand for mental health services will go unmet.[7]

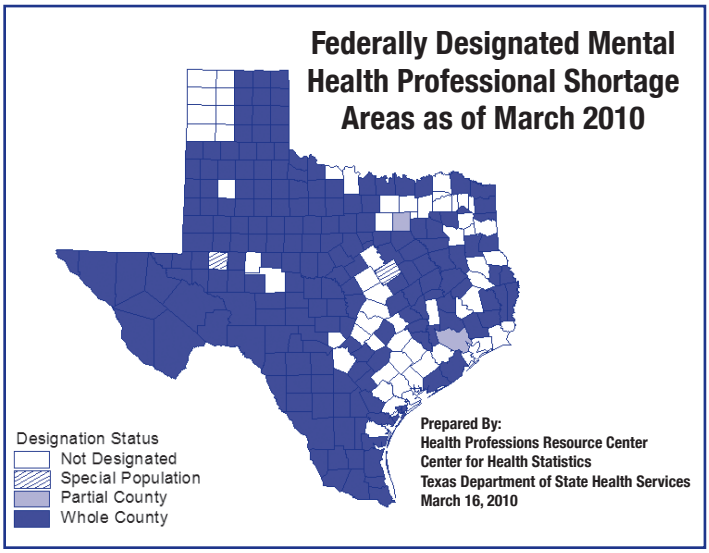


Table 2: Mental Health Workforce Trends in Texas

Year	Texas Population*	Psychiatrists**	# of Psychiatrists per 100,000 residents	Social Workers**	# of Social Workers per 100,000 residents	Marriage and Family Counselors**	# of Marriage & Family Counselors per 100,000 residents
2000	20,945,963	1,422	6.79	14,549	69.46	3,417	16.31
2009	24,782,302	1,634	6.59	16,574	66.88	2,789	11.26

Sources:
**U.S. Census Data, National and State Population Estimates, 2000 – 2009. Retrieved Nov. 28, 2010 at www.census.gov/popest/states/NST-ann-est.html*
*** Texas Department of State Health Services, Supply and Distribution Tables (November 2010).*

Children at Risk . . .

Studies have estimated that 14.38 child and adolescent psychiatrists (CAPs) per 100,000 youth are needed … With 6.7 CAPs per 100,000, Texas has somewhat less than half the recommended number estimated to meet the mental health needs of its population. Most of these CAPs are concentrated in urban areas.[8]

Becker, et al. (March 2010)

Factors Contributing to the Crisis

Recruitment and Retention Challenges

Many mental health professionals are aging and nearing retirement. Consequently, the state's mental health workforce will lose many providers in the coming years. At the same time, Texas struggles to recruit and retain mental health care professionals.

- The pool of mental health professionals is aging. In the coming decade, many psychiatrists, social workers and other providers will leave the workforce for retirement. (Table 3)
- Between 2000 and 2009, the number of psychiatrists, social workers, and marriage and family counselors per every 100,000 residents declined.[9] Compared to California, New York, Illinois and Florida – the other four most populous states – Texas has the most severe shortage of psychiatrists, social workers and psychologists.
- The number of licensed chemical dependency counselors, marriage and family therapists, and psychiatric nurses also steadily declined.[10]
- These shortages are felt most acutely in rural and underserved areas of Texas, such as the border region.

Table 3: Aging Mental Health Workforce in Texas

Mental Health Professional	Median Age Male	Median Age Female
Psychiatrists	57	50
Licensed Chemical Dependency Counselors	53	50
Social Workers	54	47

Source: Statewide Health Coordinating Council (January 2011). Texas State Health Plan, 2011-2016: A roadmap to a healthy Texas

Lack of Training Opportunities

A scarcity of training programs in Texas also contributes to the growing shortage of mental health care professionals.

- A shortage of internship sites for psychology graduate students forces some students to train in other states.
- A similar problem exists for medical students specializing in psychiatry. In 2003, state funding for psychiatric residency training in state facilities was eliminated. In the following years, the number of completed psychiatric residencies went from 68 in 2005 to only 49 in 2009.[11] (Table 4)
- Similar shortages exist for other mental health professionals such as psychiatric nurses, licensed professional counselors and master social workers.
- Funding for graduate-level mental health training programs continues to be scarce, and it is often difficult for students to find paid internships.

A growing national and state trend enables people in recovery – referred to as peer specialists – to provide support and assistance to others needing mental health treatment. The Texas Department of State Health Services has endorsed the certification of peer specialists and a new organization called Via Hope recently began offering training and certification of peer specialists in Texas.

Table 4: Number of Psychiatry Residents Completing Residency Programs in Texas

Year	Number of Residents
2005	68
2006	59
2007	53
2008	49
2009	49

Source: Texas Medical Association (December 2010)

However, many mental health programs are not yet taking advantage of this opportunity. This is due in part to limited awareness among employers of the positive outcomes associated with hiring certified peer specialists. Also, the availability of qualified peer specialists is still limited in Texas. use of certified peer specialists as mental o are eligible to bill for their services could se the mental health workforce.

Certified Peer Specialists are mental health professionals with lived experience of mental illness who are trained to support others with similar experiences. Peer specialists are employed by psychiatric hospitals, community mental health programs and other places that offer mental health services. The Texas Department of State Health Services has endorsed Via Hope to train and certify peer specialists in Texas. This is one economical and effective way to help address the mental health workforce shortage in Texas.

Need for Cultural and Linguistic Diversity

To be effective, mental health treatment must be culturally sensitive to the people being served. Without cultural competency in treatment, recovery and wellness can remain unreachable for many people with mental illness. The need for culturally and linguistically diverse mental health care professionals poses two distinct but related challenges: increasing the number of racial and ethnic minority mental health care professionals, and creating a culturally and linguistically competent mental health workforce.

Serious mental illness and less severe mental health conditions must be understood in a social and cultural context, and mental health services must be designed and delivered in a manner that is sensitive to the perspectives and needs of racial and ethnic minorities.

- According to the U.S. Surgeon General, "racial and ethnic minorities continue to be substantially underrepresented … within the core mental health professions – psychiatry, psychology, social work, counseling and psychiatric nursing."[12]
- As of 2009, only 12.3% of the 1,617 Texas psychiatrists were Hispanic and only 3.8% were African American.[13]
- People experiencing mental health challenges often need treatment and support from mental health professionals who understand and are sensitive to their ethnic and cultural values, customs and practices. As stated in the 2007 Annapolis Coalition report "An Action Plan for Behavioral Health," the need to improve the cultural diversity of the behavioral health workforce and increase the number of bicultural and bilingual service providers is reflected in the increasing discrepancy between the growth in minority populations and the number of service providers from each of the major communities of color.[14]

Professional licensing boards for mental health care professionals in Texas are not required to collect data on race, ethnicity or languages spoken by licensees.[15] Without these statistics, it is challenging to identify and plan for developing mental health workforce skills and abilities needed to meet the state's increasingly diverse mental health needs. If these needs aren't met, Texas communities will face the economic and social fallout associated with untreated mental illness.

Minorities are disproportionately underrepresented in the number of child psychiatrists. Given that Hispanic teens are now the majority in Texas, the small number of Hispanic psychiatrists is particularly striking. A 2001 Surgeon General's Report found that although mental disorders are prevalent within minority populations in the U.S., minorities are less likely to seek care, and the care they do receive is often of a lower quality than care provided to non-minorities. Having more minority psychiatrists would help destigmatize mental illness for minorities and improve that barrier to accessing care.[16]

Becker, et al. (March 2010)

Separate Health Care Systems

A growing body of research indicates mental wellness and physical wellness are inextricably linked. It is easy to see how the combination of physical health, mental health and substance use conditions can create a vicious cycle that is difficult to break without holistic, integrated care. Yet all too often physical and mental health conditions are treated apart from one another, often resulting in poor outcomes for the individual.

Integrated health care is the systematic coordination of physical and behavioral health services. Addressing one while neglecting the other often results in continued poor health. For example, people with diabetes have a much greater risk of developing symptoms of depression,[17] which is associated with hyperglycemia.[18]

Texans with serious mental illness who receive services in the state's public mental health system die 29 years earlier than the general population. Nearly two-thirds of these deaths are caused by a treatable physical illness.[19]

While most people seek treatment for behavioral health symptoms in primary care settings, primary care physicians often do not have the expertise to assess and treat mental illness. Conversely, people getting treatment from a mental health professional often do not receive adequate primary health care.

Collaborating, coordinating or co-locating physical and behavioral health services helps to address the workforce shortage while offering consumers far greater opportunities for holistic health care and improved health outcomes.

Recognizing the benefits of integrated health care, the 81st Texas Legislature passed House Bill 2196 in 2009, establishing the Integration of Health and Behavioral Health Workgroup to recommend best practices in policy, training and service delivery to promote the integration of health and behavioral health services in Texas.

The workgroup report (www.hhsc.state.tx.us/reports/2010/IntegrationReport_73010.pdf) identifies potential benefits, existing barriers, and recommendations for increasing opportunities for integrated health care.

Integration of Health and Behavioral Health Workgroup
Report to the 81st Texas Legislature
August 2010

Recommendations:

1. **Create a State Healthcare Integration Leadership Council.**
2. **Create and support a focus on healthcare integration in Texas.**
3. **Support local healthcare integration planning.**
4. **Address systemic barriers to healthcare integration.**
5. **Encourage adoption of confidential health information technology and information sharing.**
6. **Develop systems for meaningful and functional outcome measurement and tracking.**
7. **Support routine health and behavioral health screening during patient assessments.**
8. **Develop policies to address training, continuing education and workforce needs.**
9. **Implement integration efforts as part of federal health reform requirements.**

Economic Impact of Inadequate Mental Health Services

Shortages in the mental health workforce deprive many people with severe mental illness of access to mental health services. This has a significant negative economic impact in Texas. According to the Perryman Group report "Costs, Consequences and Cures," severe mental health and substance abuse issues involve a notable economic component, including:

- Direct costs such as medication, clinic visits, hospitalization and emergency room visits.
- Spillover effects in the overall economy, including lost earning potential, coexisting condition costs, disability payments, homelessness and incarceration. [20]

Additionally, a study sponsored by the National Institute of Mental Health reported that the lost earnings associated with major mental health disorders alone totaled at least $193 billion annually in the U.S.[21]

People who were diagnosed with serious mental illness in 2007 have been found to have annual earnings averaging $16,000 less than the general population. In Houston alone, $5.6 billion in earnings is lost annually as a result of severe mental illness.

Insufficient Funding for Mental Health Services

Inadequate reimbursement rates contribute significantly to the severe shortage of mental health providers who accept Medicaid as payment. According to a recent report issued by the Texas Medical Association, an alarmingly low number of physicians currently accept Medicaid patients, and this number is likely to fall even further with proposed cuts to Medicaid fees and reimbursements.[22]

While the administrative burden and delay in receiving reimbursement contributes to this deficit, the primary reason physicians do not serve people on Medicaid is the low reimbursement rates for services. Until reimbursements adequately fund the services they provide, many mental health professionals will refuse to serve the Medicaid population.

Mental health professionals also are limited in their ability to bill for reimbursement for Medicaid services. The current rules exclude reimbursement for certain types of mental health professionals and for certain forms of service. For example, the requirement that billable office visits must be face-to-face severely limits opportunities to use tele-medicine or other technology-based methods of providing services. Also, clinics and doctor offices are unable to bill for services provided by social workers, which severely inhibits opportunities for expanding integrated health care.

To address the critical shortage in the mental health workforce, all options for service provision should be considered.

Consequences to Texas

Texas has not sufficiently invested in creating an adequate mental health workforce. The shortage that exists today will continue to worsen unless Texas prioritizes mental health and takes aggressive steps to address the workforce capacity problem.

This shortage results in fewer services and supports for the people who need them. The cost of mental illness does not simply disappear when service providers are not available. Instead, these costs transfer to other less effective, more expensive and unprepared environments, such as prisons and hospitals. Research and experience clearly show that the lack of sufficient mental health services often results in hospitalization, incarceration or homelessness, creating far greater economic and human costs.[23]

Supporting a strong system of mental health services isn't just for the benefit of people with mental illness. Mental health and wellness are important to all Texans. Without a strong mental health system, communities suffer through lost productivity, unemployment, job absenteeism, increased involvement with law enforcement, and increased local hospital costs.

Adequate mental health services are needed so that Texans experiencing mental illness can work toward recovery and communities can maximize their human potential. This cannot be done without a strong effort to increase capacity in the Texas mental health workforce.

Texas is in crisis. Tens of thousands of Texans needing mental health treatment are denied services every day. Unless investments in the mental health workforce are made, the crisis will continue and Texas communities and residents will suffer.

RECOMMENDATIONS

Every Texan should have access to evidence-based culturally competent and linguistically appropriate behavioral and mental health care services. To help achieve this goal, Texas should:

1. **Expand graduate education programs for behavioral health professionals, including psychiatry, psychology, social work, counseling and nursing.**

2. **Expand the state's promotion of, and investment in, the certification of peer support specialists. Increase employers' awareness of the benefits of hiring certified peer specialists.**

3. **Provide adequate reimbursement rates for mental health services to increase the number of mental health professionals who accept patients using Medicaid.**

4. **Expand the types of reimbursable mental health services and the professionals who can provide them, such as social workers, community health workers and promotoras who provide counseling and case management services.**

5. **Promote integrated health care in Texas by:**

    a. **Addressing barriers to expanding integrated health care identified by the Integration of Health and Behavioral Health Services Workgroup.**

    b. **Identifying ways to ensure that Medicaid reimbursement for mental health services is available for a variety of service delivery models.**

6. **Develop tele-health opportunities in multiple mental health provider categories as a way to increase capacity. For example, allow Medicaid reimbursement for tele-health services of psychologists, social workers, counselors and other mental health professionals.**

7. **Require professional boards to collect data that will aid in identifying specific racial, ethnic, cultural and linguistic workforce shortages.**

[1] *Raimer, B. (2010). Texas challenges: Building our health workforce for 2014 and beyond [PowerPoint slides], Center for Public Policy Priorities Hobby Conference, September 2010. Retrieved Nov. 28, 2010 from the Center for Public Policy Priorities at www.cppp.org/events/files/3%20CPPP%20 20100922%20RAIMER.pptx*

[2] *Statewide Health Coordinating Council (January 2011). Texas State Health Plan, 2011-2016: A roadmap to a healthy Texas. Retrieved Nov. 28, 2010 from the Texas Department of State Health Services at www.texaspha.org/resources/Documents/Texas%20 State%20Health%20Plan%20A%20Roadmap%20 to%20a%20Healthy%20Texas%20Prelimi nary%20Findings.pdf*

[3] *Texas Department of State Health Services. Information received from the Mental Health and Substance Abuse Division: Decision Support Unit in January 2011.*

[4] *NBC-DFW (July 12, 2010). Doctors threaten to pull out of Texas Medicaid. Retrieved Nov. 28, 2010 at www.nbcdfw.com/news/health/Doctors-Threaten-to-Pull-Out-of-Texas-Medicaid-98202569.html*

[5] *Statewide Health Coordinating Council (January 2011).*

[6] *Raimer, B. (2010).*

[7] *Hogg Foundation for Mental Health (May 23, 2008). Health care in Texas: Critical workforce shortage in mental health. Retrieved Feb. 23, 2011 at www.hogg.utexas.edu/uploads/documents/mh-wkfrc-shortage-052308.pdf*

[8] *Becker, E., King, B., Shafer, A., and Thomas, C. (2010). Shortage of child and adolescent psychiatrists in Texas. Texas Medicine, 106(3), e1. Retrieved Nov. 28, 2010 from the Texas Health and Human Services Commission at www.hhsc.state.tx.us/medicaid/HB2163/App-E.pdf*

[9] *Statewide Health Coordinating Council (January 2011).*

[10] *Raimer, B. (2010).*

[11] *Texas Medical Association. Information received from TMA Communication Division on Dec. 12, 2010.*

[12] *U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General—Executive Summary. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved Nov. 28, 2010 from the Office of the Surgeon General at www.surgeongeneral.gov/library/mentalhealth/summary.html*

[13] *Raimer, B. (2010).*

[14] *Hoge, M., Morris, J., Daniels, A., Stuart, G., Leighton, H., and Adams, N. (2007). An action plan for behavioral workforce development: A framework for discussion. Prepared for the Substance Abuse and Mental Health Services Administration by The Annapolis Coalition on the Behavioral Health Workforce under Contract Number 280-02- 0302. Retrieved Nov. 28, 2010 from the Substance Abuse and Mental Health Services Administration at www.samhsa.gov/workforce/annapolis/workforceaction plan.pdf*

[15] *Hogg Foundation for Mental Health (May 23, 2008).*

[16] *Becker, E., King, B., Shafer, A., and Thomas, C. (2010).*

[17] *Lloyd, C. (2002). Diabetes and depression. Current Diabetes Report, 2(6), 465-466. Retrieved Nov. 28, 2010 from Springer Link at www.springerlink.com/content/43382331288p 4884/*

[18] *Lustman, P., Anderson, R., Freedland, K., de Groot, M., Carney, R., and Clouse, R. (2000). Depression and poor glycemic control: a meta-analytic review of the literature. Diabetes Care, 23(7), 934-942. Retrieved Nov. 28, 2010 at care.diabetesjournals.org/content/23/7/934*

[19] *Mauer, B. (October 2006). Morbidity and mortality in people with serious mental illness (Technical Report No. 13). Medical Directors Council of the National Association of State Mental Health Program Directors. Retrieved Nov. 28, 2010 from the National Association of State Mental Health Program Directors at www.nasmhpd.org/general_files/publications/med_directors_pubs/technical%20report%20on%20 morbidity%20and%20mortaility%20-%20 final%2011-06.pdf*

[20] *The Perryman Group (May 2009). Costs, consequences and cures! An assessment of the impact of severe mental health and substance abuse disorders on business activity in Texas and the anticipated economic and fiscal return on investment in expanded mental health services. Retrieved Nov. 28, 2010 from Gulf bend Center at www.gulfbend.org/images/clientid_199/perryman mentalhealthreport.pdf*

[21] *National Institute of Mental Health (May 7, 2008). Mental Disorders Cost Society Billions in Unearned Income. Science News, Press Release. Retrieved Feb. 21, 2011 from the National Institute of Mental Health at www.nimh.nih.gov/science-news/2008/mental-disorders-cost-society-billions-in-unearned-income.shtml*

[22] *Texas Medical Association (2010). Survey of Texas physicians: Access to care: Preliminary research findings. Retrieved Nov. 28, 2010 from the Texas Medical Association at www.texmed.org/Template.aspx?id=16237*

[23] *The Perryman Group (May 2009).*

Hogg Foundation for Mental Health

The Hogg Foundation for Mental Health advances mental wellness of the people of Texas as an impactful grant maker and catalyst for change. Foundation grants fund mental health services, policy analysis, research, and public education and awareness projects in Texas. The foundation was created in 1940 by the children of former Texas Governor James S. Hogg.

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Methodist Healthcare Ministries

Methodist Healthcare Ministries (MHM) is a faith-based, 501(c)(3), not-for-profit organization whose mission is "Serving Humanity to Honor God" by improving the physical, mental and spiritual health of those least served throughout South Texas. MHM partners with other organizations that are also fulfilling the needs of the underserved in local communities. It supports policy advocacy and programs that promote wholeness of body, mind and spirit. MHM is one-half owner of the Methodist Healthcare System—the largest healthcare system in South Texas.

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