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The physician shortage that’s not being talked about

By Ian Branam

With the advent of health reform, there has been a lot of talk about increasing the supply of primary care physicians, but what’s being done about the shortage of mental health professionals?

To put it bluntly, nothing.

“I’ve heard of no policy or recommendation to increase the supply of mental health professionals,” said Amanda Abraham, an assistant professor at the University of Georgia’s College of Public Health. “It’s a hard sell to get resources for mental health.”

Over a third of U.S. counties have no outpatient mental health treatment facilities that accept Medicaid, according to a 2013 study by researchers at Emory University and the University of California, San Francisco. In Louisiana, there are roughly five clinical, school and counseling psychologists combined for every 100,000 people, according to data from the Health Resources and Services Administration.

Rural areas like the southeast and are hit particularly hard by this shortage. The 2014 County Health Rankings that was published by the Robert Wood Johnson Foundation in March showed that Texas, Alabama, Georgia, Louisiana, and West Virginia have the fewest mental health professionals per 100,000 people. Texas had the least with 302 mental health professionals to care for every 100,000 people.

Much of this difference can be attributed to the fact that these states have a higher percentage of rural areas. But these states also have high poverty rates as eight of the states in the bottom ten for mental health professionals per capita ranked in the top 15 for highest poverty rate. To make matters worse, six of the states with the fewest mental health professionals per capita decided not to expand Medicaid.

Abraham believes the rejection of Medicaid in these states will only make matters worse. In Georgia, for instance, over 840,000 uninsured adults with a mental illness would be eligible for Medicaid if the state expanded. But since Georgia has decided to forgo expansion, those individuals will go without care for their mental illness.

Another issue is that Medicaid doesn’t reimburse counselors or primary care physicians for caring for an individuals’ mental health unless they are licensed as a mental health professional.

The Affordable Care Act added financial incentives for students pursuing a career in primary care, but no such incentives have been established for mental health. To further illustrate this lack of financial incentives for entering into mental health, psychiatrists were tied with family physicians and pediatricians for the lowest average salary out of 20 different disciplines in medicine in a report published by the consulting firm Merritt Hawkins & Associates.

This shortage of mental health professionals has led to a significant population of adults going without care for their mental illnesses. According to a 2011 survey by the Substance Abuse and Mental Health Services Administration (SAMHSA), 20 percent of American adults live with a mental illness, but only 39 percent of these 45.9 million American adults received mental health services in 2010.

“People with very serious mental illnesses are waiting an average of three weeks to six weeks for an appointment,” said Margarita Alegria, a professor of psychology at Harvard Medical School.

Having effective care that’s more short-term and that adapts to people’s jobs and circumstances is crucial to improving the current system, said Alegria.

Regardless of how clinics are transformed, however, it’s clear that the supply of mental health professionals needs to increase.

“I go to conferences, and I always hear about how important mental health is going to be in the future,” said Abraham, “but no one ever mentions any strategies to increase the supply of mental health professionals.”

*Source List*

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Margarita Alegria- Professor of Psychology, Harvard Medical School- [malegria@charesearch.org](mailto:malegria@charesearch.org)

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