Behavioral Health Workforce for Children and Families: Enhancing Utilization of Available Workers

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What is a peer provider?

“A person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience.”

(Kaplan, SAMHSA, 2008)

- How might peer support workers be effective in services for children, youth, and families
SAMHSA Study: Key Findings

- Peer providers work in a variety of settings
  - Peer-run organizations, traditional care settings, forensic settings
- Medicaid payment enhanced utilization
- Training and Certification
  - 40 states statewide certification for MH peer support
  - 1/3 of states have SUD statewide certification
- Challenges in acceptance and stigma
- Efficacy- evidence mixed

http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf
Nursing Providers in Child and Family Behavioral Health

- Pediatric Nurse Practitioners (NPs)
- Family NPs
- Psychiatric Mental Health NPs
  - Survey March 2016 (Delaney & colleagues)
  - 14% reported most services provided to those age 1-20
  - 19% provide no services to those age 11-20

RN (National Sample Survey RNs 2013)
- 4% report working in mental health or substance abuse
- 6% report pediatrics specialty
Psychiatric Mental Health Advanced Practice Nursing (PMHNP) Workforce

Supply

- Estimated between 9,000-19,000
- Began as Clinical Nurse Specialist certification - now primarily Nurse Practitioner (NP)
- Scope of practice varies by state law
- 14,780 Certified PMH APRNs (ANCC)
  - 5,826 CNS - adult and child
  - 8,954 NP - adult and lifespan
- 118 nursing programs offer PMHNP

Source: K. Delaney, Rush University
Why PMH NPs may help fill the provider gap

• Provide many services traditionally provided by psychiatrists, including prescribing and managing psychotropic medications
• Educated in integrative practice model stressing physical and mental health; emphasize health promotion
• Patient satisfaction generally high
• Graduates of PMHNP programs are available to fill vacancies more rapidly
Why don’t PMH NPs already fill the gap?

- Scope of practice limitations
  - Regulatory requirements for physician supervision in some states
- Challenges recruiting and retaining PMHNPs
- Lack of awareness of role and competencies
- Salary not competitive in public settings
- Acceptance by other providers?
Behavioral Health Practitioners in School Based Health Centers

- 2% of US public schools have SBHCs
  - 70% of them have mental health services

SBHC Census Survey N=1,381

Source: Satu Larson, 2016
School-based Health Center Primary Care Staffing (Larson, 2016)

![Bar chart showing the percent of SBHCs with and without mental health providers.](chart.png)

- **Nurse Practitioner**: 80% with mental health provider (N=978), 0% without (N=403)
- **Physician**: 40% with mental health provider (N=978), 20% without (N=403)
- **Physician Assistant**: 10% with mental health provider (N=978), 0% without (N=403)
- **Nurse Midwife**: 5% with mental health provider (N=978), 0% without (N=403)
School-based Health Center: Mental Health Care Staffing (Larson, 2016)
Evidence of Need: California Healthy Kids Survey 2010

Exposure to a victimizing event(s) in past 12 months

<table>
<thead>
<tr>
<th>Event</th>
<th>6-8th grade</th>
<th>9-10th grade</th>
<th>11-12th grade</th>
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<tbody>
<tr>
<td>Been afraid of being beaten up</td>
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<td>Been in a physical fight</td>
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<td>Anyone offered you an illegal drug</td>
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<td>Had property stolen or damaged</td>
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<td>Been pushed, slapped, kicked</td>
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<td>Mean rumors/lies spread about you</td>
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<td>Had sexual jokes or gestures made</td>
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<td>Been made fun of because of</td>
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<td>(N=639,925)</td>
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Past 30 day substance use by students

1 full drink of alcohol
5+ drinks in a row
Used marijuana
Smoked a cigarette
Smokeless tobacco

(N=639,925)
How to enhance behavioral health services for children, youth, and families

- Utilize each type of worker to full capacity of education and experience
- More focus training on children, youth, and family
- More focus on team model
  - Who needs to be on the team
  - How does the team integrate with primary care
  - Inclusive of family, school, and community