

The Behavioral Health Workforce Needed for Integration with Primary Care: Information for Health Workforce Planning

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BACKGROUND AND APPROACH

Integrating behavioral health and primary care services is key to accomplishing the overall goals of the Affordable Care Act of 2010 to increase access to health care and improve patient outcomes. Integration also supports the “Triple Aim” of achieving better health, better health care experiences, and lower health care costs. This study provides information that can be used by policymakers, practitioners, educators and other health workforce planning stakeholders to develop health workforce plans and policies to increase access to behavioral health care services through primary care settings.

METHODS

This descriptive study draws from a review of published and grey literature using PubMed, Internet search engines, organization websites, and the Grey Literature Report.

KEY FINDINGS

- Approaches to integrating behavioral health and primary care occur through a variety of models, reflecting the complexity and diversity of health system organization.
- Behavioral health occupations described in relation to primary care integration range from clinical specialists to lay community workers, with nine standing out as most relevant:
 - 1) psychiatrists, 2) psychologists, 3) psychiatric nurse practitioners/ advanced practice psychiatric nurses, 4) social workers, 5) marriage and family counselors/therapists, 6) mental health counselors, 7) substance abuse treatment counselors/addiction counselors, 8) care managers/behavioral health consultants, and 9) peer specialists.

These occupations are described in more detail on the next page.

- The education and training requirements of these behavioral health occupations needed for integration vary, ranging from short training tracks following high school (e.g., substance abuse counselors) to those requiring significant post-graduate training (e.g., psychiatrists).
- Multiple data sources can be used to describe the supply and distribution of the behavioral health workforce at national, state and sub-state levels. These sources vary in the degree to which behavioral health occupations and relevant details about them (such as geographic coverage) are included.

CONCLUSIONS AND POLICY IMPLICATIONS

Across the U.S., the integration of behavioral health with primary care likely will take place under different models, at varying rates, and to varying degrees. This study provides a framework to inform behavioral health workforce planning and development to meet these integration needs.

Occupations most relevant to integration cover a wide range of education and training backgrounds. These behavioral health and primary care providers (both new and incumbent workers) must be able to work effectively in integrated teams, and be able to address a broad spectrum of patients' behavioral and physical health care needs. Sources of data to assess the availability of the needed workforce are limited in various ways, and new data collection and analysis efforts could improve these planning resources.

The behavioral health workforce struggles to overcome numerous challenges, including high rates of turnover and increasing rates of retirement for some key occupations. In addition, there is not an adequate workforce prepared to deliver the evidence-based substance abuse treatment needed for integration. Continued examination of root causes and solutions to these workforce problems is needed.

Ongoing resources will be needed for development of a workforce that can successfully integrate behavioral health and primary care. These resources include data and analysis, planning, policies and funding at national, state and community levels.

THE BEHAVIORAL HEALTH WORKFORCE MOST RELEVANT TO INTEGRATED PRIMARY CARE PRACTICE

PSYCHIATRISTS are physicians who can independently provide psychiatric services to patients, or provide consultation support to the primary care team regarding behavioral health treatment. In the most highly evaluated models of integration, these psychiatrists provide regular systematic case review of panels of patients receiving collaborative care – generally with a care manager. They work with the primary care team to diagnose, plan, and recommend treatment. Consultation may be provided to the primary care team in person or via phone or video (tele-psychiatry). As a physician, psychiatrists can prescribe medication (including psychotropic medications) for patients; however, as part of the integrated team they frequently work with the primary care physician who does the prescribing as part of the patient's overall care plan.

PSYCHOLOGISTS (Clinical or Counseling) can work independently or with the primary care team to help with early detection of behavioral health concerns, provide direct counseling to patients, and help patients develop means to handle stress and emotion as a result of chronic illness. Their role can be similar to psychiatrists but, in all but two states, without the ability to prescribe psychotropic medication.

PSYCHIATRIC NURSE PRACTITIONERS/ADVANCED PRACTICE PSYCHIATRIC NURSES with behavioral health certifications can play varied roles in the integrated team. They may diagnose mental illnesses, provide psychiatric care, prescribe medications (including psychotropics), administer risk assessments, and/or help coordinate treatment between primary care providers and other behavioral health providers. These advanced nurses may directly provide psychiatric care, or they may take on the role of a care coordinator or manager (see below for description of care managers). Scope of practice laws vary for advanced practice nurses vary by state, and while in some they may practice autonomously, in other states they must work in collaboration with or supervised by a physician.

SOCIAL WORKERS have roles that may vary widely depending on education, credentials, specialty, and the configuration of the integrated behavioral health/primary care practice. Some social workers who are licensed to provide clinical counseling may work directly with patients to provide therapy while others might work with patients and families and coordinate treatment between patients, psychiatrists or psychologists, and primary care providers. While clinical social workers are most frequently mentioned as providing these services, other master's trained social workers might work under the consultation of a licensed clinical social worker, and bachelor's level social workers may provide care coordination or referral support.

MARRIAGE AND FAMILY COUNSELORS/THERAPISTS in the integrated team provide support to primary care providers by consulting around behavioral health issues and their impact on families, and connecting patients and families with community resources to facilitate care and overall positive behaviors toward well-being. They can also assist with the diagnosis and treatment plan for patients, and depending on credentials provide direct therapy. In the integrated team, these roles can also be taken on by social workers, psychologists, or other mental and behavioral health counselors.

MENTAL HEALTH COUNSELORS in the integrated team may work with primary care providers to deliver direct counseling and therapy for patients and their families. These individuals are usually master's level, licensed counselors. In some settings these individuals perform care management.

SUBSTANCE ABUSE TREATMENT COUNSELORS/ADDICTION COUNSELORS are important to integrated behavioral health/primary care given the frequency of conditions related to substance use co-occurring with medical needs. In the integrated team, these counselors may provide direct counseling to patients and families, assist patients with developing positive means to manage their addiction, and provide community support resources for recovery.

CARE MANAGER/BEHAVIORAL HEALTH CONSULTANTS support the primary care providers by coordinating treatment, monitoring progress, connecting patients and families with outside resources, and recommending changes to treatment, providing patient education, and may provide direct counseling, depending on their credentials and scope of practice. Nurses, psychologists, social workers or counselors can take on the role the role of care managers/behavioral health consultants.

PEER SPECIALISTS are often included in the integrated team because peer support from individuals who have experienced mental health or substance misuse has become an important behavioral health service.

More information about models of behavioral health/primary care integration, the behavioral health workforce most relevant to integrated primary care practice, the education requirements of these occupations, and sources of data to estimate the size and distribution of each workforce is available in the report:

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http://depts.washington.edu/fammed/chws/wp-content/uploads/sites/5/2016/04/Integrated_behavioral_health_workforce_FR_2016_Apr_Skillman.pdf

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