# All Hands on Deck:

## Tennessee's Mental Health Workforce Shortage

tamho
tennessee association of
mental health organizations

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# Executive Summary

Behavioral health permeates all socioeconomic groups and geographies. Approximately half of everyone in the United States will meet clinical criteria for a mental illness in their lifetime [1]. Most know someone in addiction recovery, and far too many had a loved one who died by suicide or drug overdose.

Beyond the direct toll on individuals and families, mental illness and substance use disorders are well-established drivers of disability, mortality, and health care costs [2]. Mental health consumers are at higher risk for chronic physical conditions, school dropout, unemployment, lost productivity, homelessness, hospitalization, and mortality [3, 4].

The need for a flourishing mental health workforce is abundantly clear, yet nearly all of Tennessee is classified as a mental health professional shortage area [5]. This in turn can lead to difficulty accessing care, increased emergency department utilization, and frustration among consumers and stakeholders [3, 6]. For mental health consumers in shortage areas, the consequences can be deadly.

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Americans with serious mental illness usually **die up to 25 years early**, primarily because of treatable conditions [6].

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As noted by the National Council for Behavioral Health [7]:

> *"There is a great irony in the implementation of health care reform. On one hand, there is increasing recognition of the value of psychiatry and of behavioral health services as key components to the reduction of the total cost of care and improvement of general health outcomes. Yet, these developments contrast starkly with the historically low rates of reimbursement for psychiatrists, other providers and their associated outpatient and inpatient services."*

Studies overwhelmingly show that every dollar spent on mental health care infrastructure saves many more dollars on other costs [1], but Tennessee mental health providers are scarce and underpaid [4]. Additional investments in the state's mental health workforce and treatment system are essential to the well-being of Tennesseans and the state as a whole.

Public and private sector leaders are encouraged to use the data and recommendations herein to take thoughtful and meaningful action to protect the lives of nearly 1 million Tennesseans with mental illness, and with them Tennessee's economic future.

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"The mental health of our citizens is foundational to all other goals we seek to accomplish in education, job growth and public safety. By prioritizing our mental health safety net and suicide prevention, we are caring for more Tennesseans and building healthier communities."

– Governor Bill Lee, Tennessee

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# The State of Mental Health in Tennessee

## By the Numbers - Mental Health

More than 44 million Americans (18%) directly experience mental illness each year, including an estimated 1 million Tennesseans (20%) [8].

Compared to other states, Tennessee sits among the worst - 45th - in Mental Health America's overall ranking for 2019. This signals a higher prevalence of mental illness and low access to care, a category in which Tennessee again ranks 45th [8].

One in five adults with mental illness in Tennessee are unable to get necessary mental health services, and more than half (57%) receive no treatment [8].

The youngest Tennesseans fare no better, as the state is ranked 50th in access to care for youth. Shockingly, more than two-thirds of Tennessee youth with clinical depression go untreated, while only 12% of youth with severe depression received consistent treatment [8].

Untreated mental illness can result in many adverse consequences for consumers, including involvement with the justice system, homelessness, school failure, job loss, and suicide.

Meanwhile, consumers flood crowded emergency departments (EDs) at startling rates, with Tennessee experiencing a 41% increase in behavioral health related ED utilization from 2011 to 2016, a span of only five years [9]. In 2016 alone – the latest year with reported data – TN ED utilization for this population spiked 14%, beating out the 8% jump seen in 2015. These figures mark the largest and second-largest reported increases in at least ten years.

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On average, **three** Tennesseans die by suicide each day.

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The latest data shows 1,163 people in Tennessee died by suicide in a single year (2017), representing 17.3 of every 100,000 residents [10]. Both the number of suicide deaths and the corresponding rate are the highest reported figures on record, dating back to 1981.

Suicide is a leading cause of death in both Tennessee and the United States [11]. It is the second leading cause of death nationally among 15-34 year olds.

Tennessee has seen an alarming 54.5% increase in suicide deaths among children ages 10-17 in just the last two years of reporting [10].

Suicide and suicide attempts have an enormous impact on families, friends, and survivors. Suicide also has major economic implications, with each suicide death costing over $1.3 million in lost productivity and medical treatment on average [12]. Thus, suicide deaths in Tennessee costs over $1.5 billion annually, and each suicide attempt hospitalization adds more than $40,000 in combined emergency department and inpatient expenses.

"[W]e are tackling Tennessee's shockingly high suicide rate that is now 20 percent higher than the national average. There is tremendous opportunity to engage public-private partnerships as we work to prevent suicide and save lives."

– Governor Bill Lee, Tennessee

## By the Numbers - Addiction

Mental health and addiction often go hand-in-hand. Studies show that half or more of people who seek addiction treatment also have a mental health condition [13].

Approximately 30 million Americans ages 12 and older use illicit drugs in a given month, corresponding to about 1 in 10 Americans overall and 1 in 4 among young adults ages 18 to 25 [14]. On average, 185 Americans – including five Tennesseans – die from drug overdoses each day [15].

An estimated 10,000 Tennesseans died from drug overdoses, from 2013 to 2018 [15, 16].

Each day, **five** people die from drug overdoses in Tennessee.

At least 1,837 Tennesseans died from a drug overdose in 2018, a new record and the deadliest year in state history. As drug overdose deaths jumped another 3% in Tennessee, reported overdose deaths nationwide dropped more than 4% [15].

Despite steps having been taken in Tennessee aimed at reducing drug overdoses, the unrelenting trend of rising overdose deaths remains.

"In a time when addiction and mental illness are touching more and more families, we join together with our neighbors to celebrate recovery and advocate for increased access to recovery pathways."

– Commissioner Marie Williams, TN Department of Mental Health & Substance Abuse Services

# The Mental Health Workforce: Understaffed and Underpaid

## Statewide Shortages

Over 60% of psychiatrists in the United States are older than 55. More than half are expected to retire by 2025. Meanwhile, the number of physicians willing to do psychiatry is shrinking, as only 3% to 5% of medical graduates enter the field [18]. Inadequate reimbursement and lingering stigma are widely cited as contributing factors.

The problem does not stop with psychiatrists. There is a severe shortage of almost all types of mental health professionals, with rural areas hit the hardest. Tennessee ranks 44th in mental health workforce availability, with only 1 mental health provider for every 740 residents, or approximately 1 for every 150 Tennesseans with mental illness [8].

"The United States is suffering from a dramatic shortage of psychiatrists and other mental health providers. And the shortfall is particularly dire in rural regions, many urban neighborhoods, and community mental health centers that often treat the most severe mental illnesses."

– Association of American Medical Colleges

The Health Resources & Services Administration (HRSA) reports that at least 95% of counties in Tennessee have Health Professional Shortage Area designations for mental health [Fig. 1]. Only 11% of the need for mental health professionals in Tennessee is currently being met, compared to 27% nationally [19].

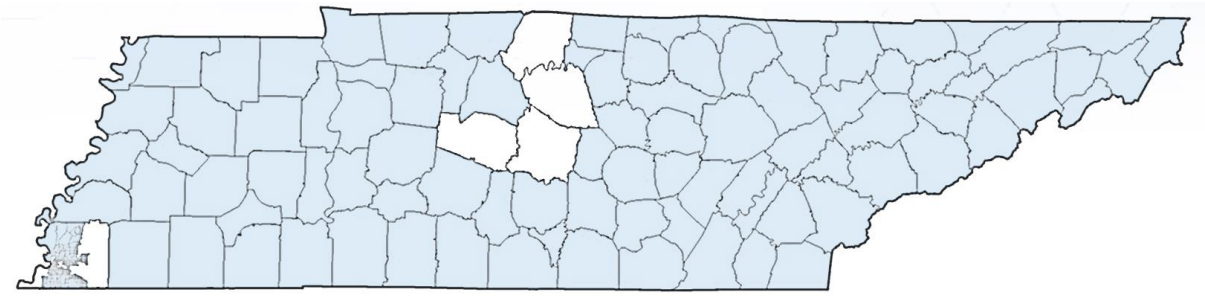

Fig. 1. HRSA Health Professional Shortage Areas - Mental Health - Tennessee (designated shortage areas are shaded) [5]

A new 2019 study from the Business and Economic Research Center at Middle Tennessee State University's Jones College of Business estimates that an additional 17,000 mental health professionals across 20 occupations are needed in order to eliminate the provider shortage in Tennessee [4].

HRSA health workforce data also backs up the claim that Tennessee is experiencing a major mental health professional shortage [20]. Looking at 2016 data for just six mental health related occupations, Tennessee is facing a combined shortage of approximately 4,000 to 6,500 psychiatrists, psychologists, clinical social workers, mental health counselors, addiction counselors, and marriage and family therapists [Fig. 2].

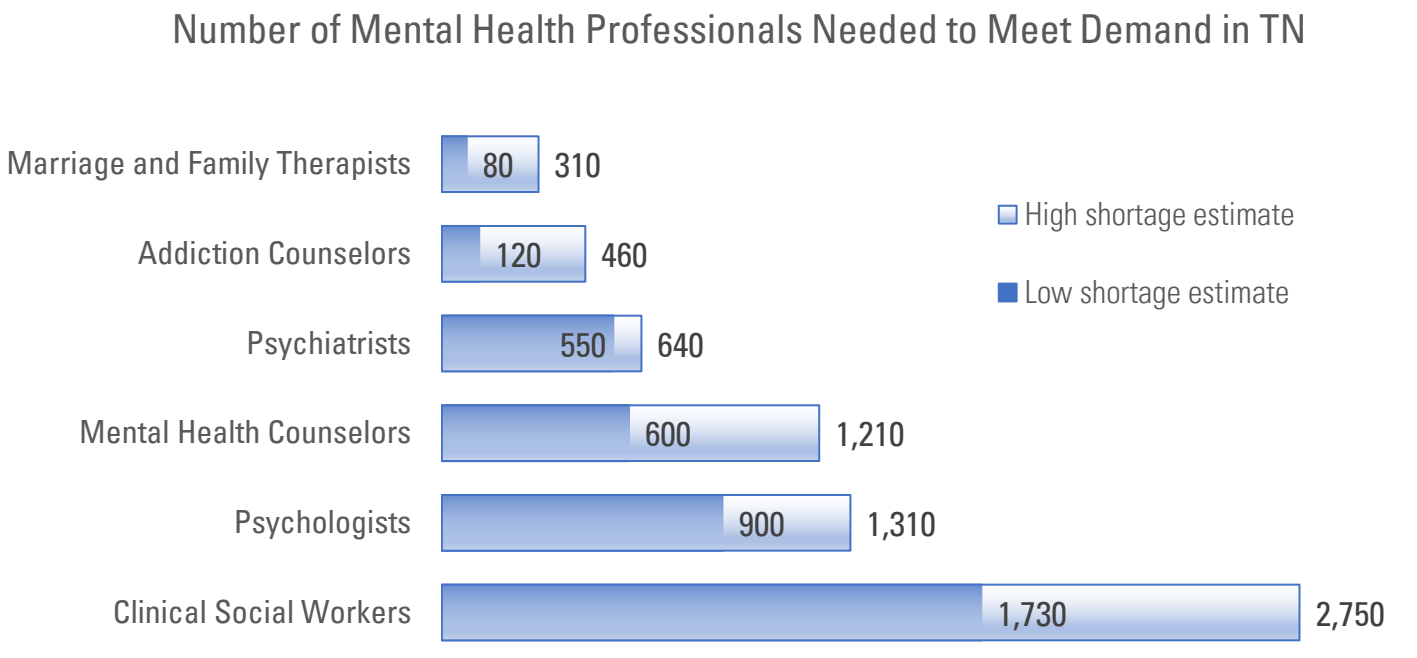


Fig. 2. HRSA health workforce shortage estimates for Tennessee mental health occupations, based on 2016 data [20]

"Stigma and misunderstanding of mental illness have led to insufficient attention to this issue. I don't think we'd ever say to someone, 'I'm sorry, but only one in 10 people with cancer will be able to see a cancer specialist.' I don't think people would tolerate that."

– Dr. Anna Ratzliff, University of Washington School of Medicine

## Insufficient Compensation

The Association of American Medical Colleges notes that sub-par reimbursement for mental health providers is common, compared to physical health providers, leading many mental health organizations challenged to cover salaries [17].

Median wages across mental health occupations in Tennessee are significantly lower than at the national level. Furthermore, using Tennessee clinical social workers as an example, 72% hold a graduate degree but get paid less than the median wages for *all* occupations in Tennessee combined [4].

"[An] extremely low level of wages is likely to create a disincentive…especially at a time when Tennessee is experiencing a tight labor market. Unless significant improvement is made to the salaries for [mental health] occupations, many people who are passionate about serving those with mental health conditions will nonetheless be discouraged from either entering or remaining in the field."

– Dr. Murat Arik, Business and Economic Research Center at MTSU

Mental health clinicians in private practice often receive cash payments from consumers that can be two to three times higher than rates obtained via insurance reimbursement [21].

There is little incentive to tackle the additional administrative requirements for credentialing, claims, authorizations, and appeals. The result is an increasing number of clinicians who pass on paperwork headaches in favor of a cash-only practice.

"There's so much demand for psychiatrists now that about 45% are able to charge cash-only. If you can keep busy all day and get paid three times as much [vs. being in-network], why wouldn't you?"

– Dr. Joe Parks, National Council for Behavioral Health

# A Winning Formula: Saving Money and Lives

Researchers agree on the high return on investment that comes with funding behavioral health care. For every $1 spent to expand treatment for depression, the leading cause of disability worldwide, $7 in cost savings can be expected [1, 22]. Investment in treatment for anxiety disorders, the most common category of mental illness in the U.S., carries an expected $4 in cost savings per dollar spent [23].

For substance use disorder treatment, every $1 invested saves $4 in health care costs plus $7 in criminal justice costs [24]. The National Institute on Drug Abuse reports that total savings can exceed addiction treatment costs by a 12 to 1 ratio [25].

With a proven return on investment and an opportunity to improve and save lives, policy makers who drive funding into the state's mental health care system can be excellent stewards of taxpayer dollars.

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"The vast majority of individuals with serious mental illness and/or substance abuse disorders, if appropriately diagnosed and treated, will go on to live full and productive lives. And the return on investment is significant."

– Joel Miller, National Association of State Mental Health Program Directors

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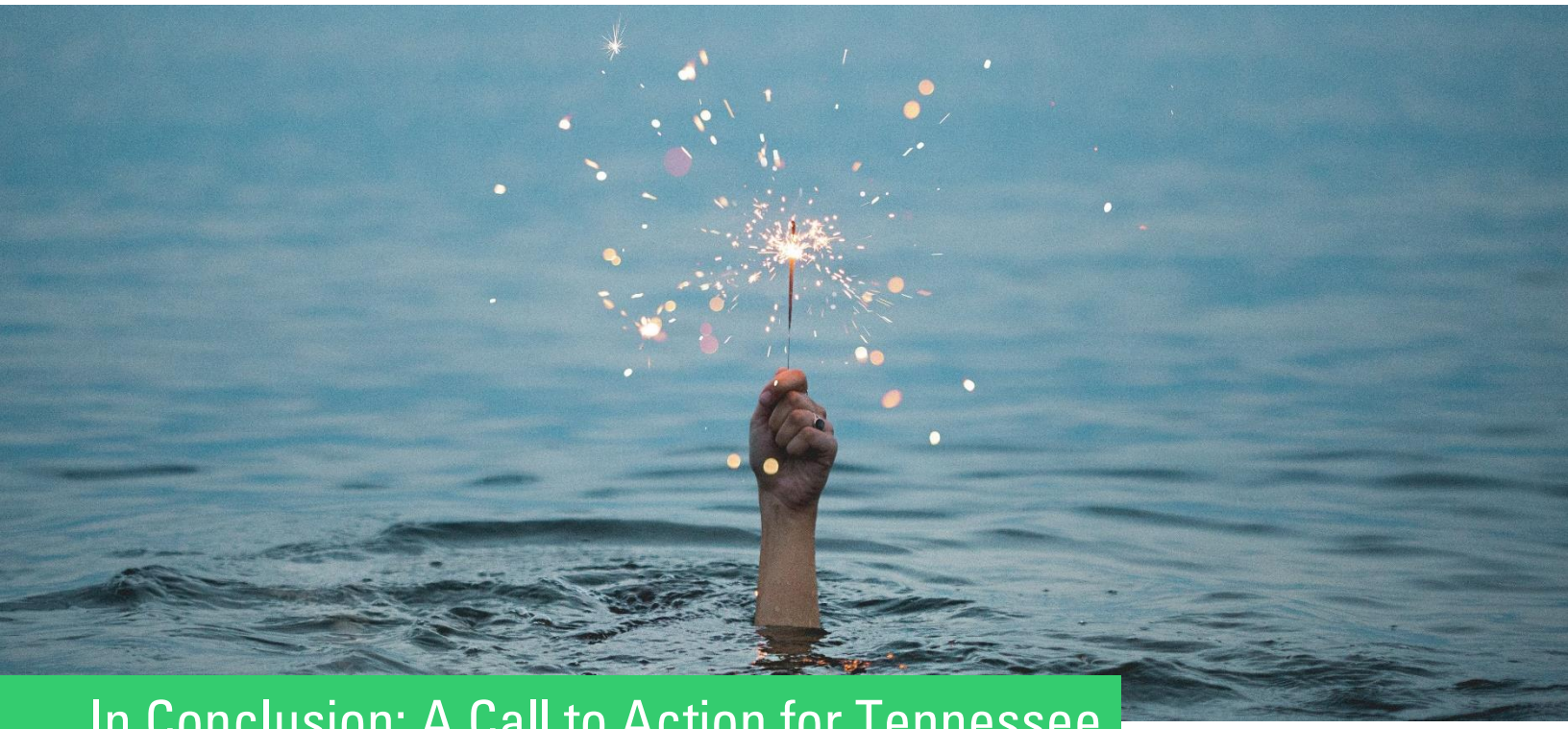
Additionally, mental health organizations in Tennessee must be viewed as more than just health care providers. They are critical contributors that strengthen the state's economy, with major impacts on employment, income, and tax revenues [4].



# In Conclusion: A Call to Action for Tennessee

Tennessee must act swiftly to address the state's short-handed mental health system. Sub-standard provider compensation and a dwindling workforce are driving factors behind Tennessee's struggle to provide adequate access to mental health care.

With demand outpacing supply, communities across Tennessee are reeling. People are hurting – and dying. Untreated mental illness carries dire economic, public health, and human consequences.

Productivity losses that stem from untreated mental illness are substantial, especially when compared to the cost of mental health services [4, 26]. When taking into account extreme costs, burdens on other systems, and the clear return on investment tied with driving funds toward mental health infrastructure, a path forward emerges.

Tennessee must:

1. Implement a mental health workforce recruitment and retention plan for the state.
2. Increase public funding for mental health treatment and related services.
3. Raise reimbursement rates for mental health providers, across all payers and the public system.
4. Incentivize students to choose mental health care careers and obtain licensure.

Without action, Tennesseans who desperately need access to timely and high-quality mental health care will suffer.

Tennessee's community mental health centers – which already play a central role in preventing suicide, overdose deaths, emergency room visits, and hospitalizations – are ready to be a major part of the solution but need additional workforce and financial resources to get the job done.

With an opportunity to save money and save lives, public and private leaders are urged to work together, invest thoughtfully in mental health, and follow a plan to right the ship.

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## Produced by:

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The TAMHO mission is to serve its members, promote the advancement of effective behavioral health services, and advocate for people in need of care. TAMHO includes a diverse group of health care organizations creating impact in their local communities through health care delivery, employment, and contributions to local and state economies. TAMHO strives to improve access to effective mental health services throughout Tennessee.

tamho.org | (615) 244-2220 | tamho@tamho.org

## Written by:

PINPOINT CONSULTANTS

Pinpoint Consultants is an innovative and highly specialized business consulting firm in Tennessee that empowers organizations and communities to tackle challenges, achieve success, and change lives.

pinpointconsultants.com | (615) 669-2544 | info@pinpointconsultants.com