

Rural Psychiatry

Mohamed Ramadan MD MS
Board Certified Psychiatrist
Mohave Mental Health Clinic
Bullhead City Arizona



National Context

- Recognition of potential shortage by national groups:
 - American Association of Medical Colleges (AAMC) has suggested a future shortage is looming and has called for a 30% increase in medical school enrollments by 2015.
 - Council on Graduate Medical Education reversed position in 2004 to say there may be a shortage coming.
 - American Medical Association has acknowledged need to increase overall supply as well as improve distribution in underserved areas.

Psychiatry

- First year enrollment 18 000 increase of 2%
- 126 medical schools
- 10 new schools by 2015
- The goal of 30% will be reached by 2017
- Counsel on Graduate Medical education estimated a shortage of 85 000 by 2020.
- 25 Million every 10 years
- 47 millions uninsured
- GME positions did not significantly increase



International context

- Despite improvements in psychiatric teaching, British medical schools have never produced enough graduates aiming for psychiatry.
- The Australian psychiatric profession is failing to attract sufficient numbers of high-quality recruits is growing.
- Pakistan is facing a shortage of psychiatrists; there are about 350 psychiatrists in a country of 150 million



Rising need for Mental Health Services

- Nearly 1 in 3 non-elderly adults experiences a mental disorder in a given year
- Pediatricians report 15% of children have behavioral disorder such as attention deficit disorder, anxiety or depression

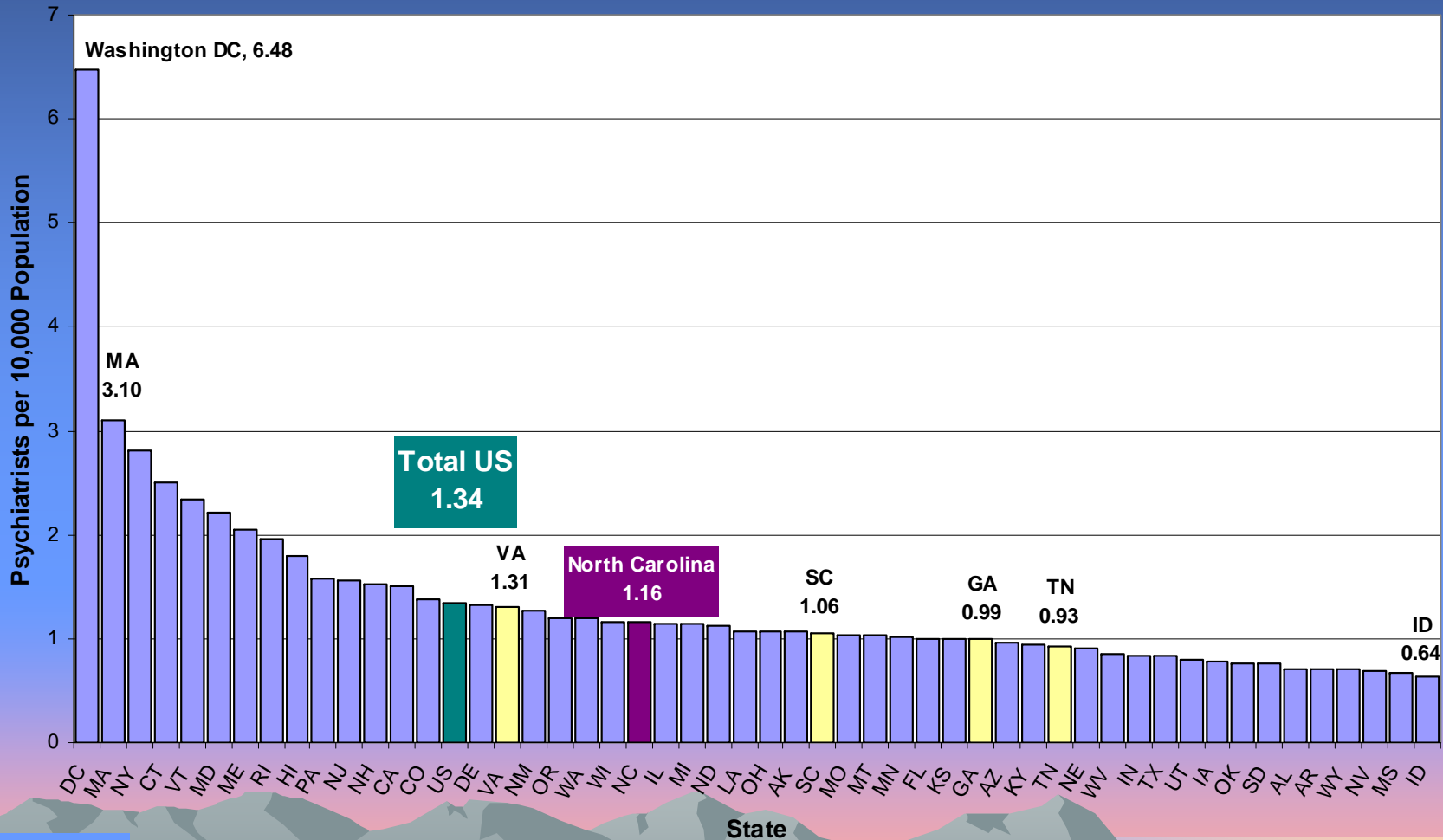


Positions

- 2008
 - 1013 positions compared to 1000 in 2007
- 2008
 - a total of 1,069 positions were offered, with 94.8 percent of those being filled.

Psychiatrists per 10,000 Population

Psychiatrists per 10,000 Population



Source: AMA Masterfile; US Census Bureau (<http://www.census.gov/popest/states/tables/NST-EST2005-01.xls>).

Counties without Psychiatrists

- 45 of 56 Montana
- 31 out of 44 Idaho
- 47 of 53 N Dakota
- 56 of 66 in S Dakota



Rural Populations

- **Rural** populations are overall poorer, in worse general health, and less likely to be insured than people in metropolitan areas
- At the same time, **rural** values such as self-reliance and self-care may delay seeking help.
- Stigma against mental illness may mean that patients don't want family and neighbors to know they are seeing a psychiatrist.



True story

- A Montana county and several surrounding counties had 6 psychiatrists
- None of them were accepting new patients
- None were accepting Medicaid
- One of them announced his retirement



True Story (cont.)

- Six hundred patients received a letter noting that extensive efforts to locate a replacement were unsuccessful and recommendations for referral could not be processed
- One psychiatrist served a 17 county area in rural eastern Montana (just resigned due to burnout)



- **Psychiatrists:** Issue is less one of overall supply, more an issue of distribution. Residency programs need to maintain or increase number of graduates
- **Child Psychiatrists:** There is a critical shortage and misdistribution of child psychiatrists
- **Psychiatrists and Primary Care Providers:** Many states facing a psychiatrist shortage also face a shortage of primary care providers—may jeopardize access to care for patients with mental disorders

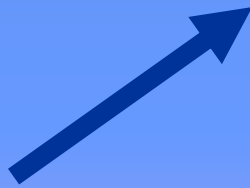
**Medical
School**



Residency



INMigration



Career Change



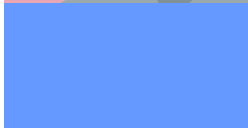
Retirement

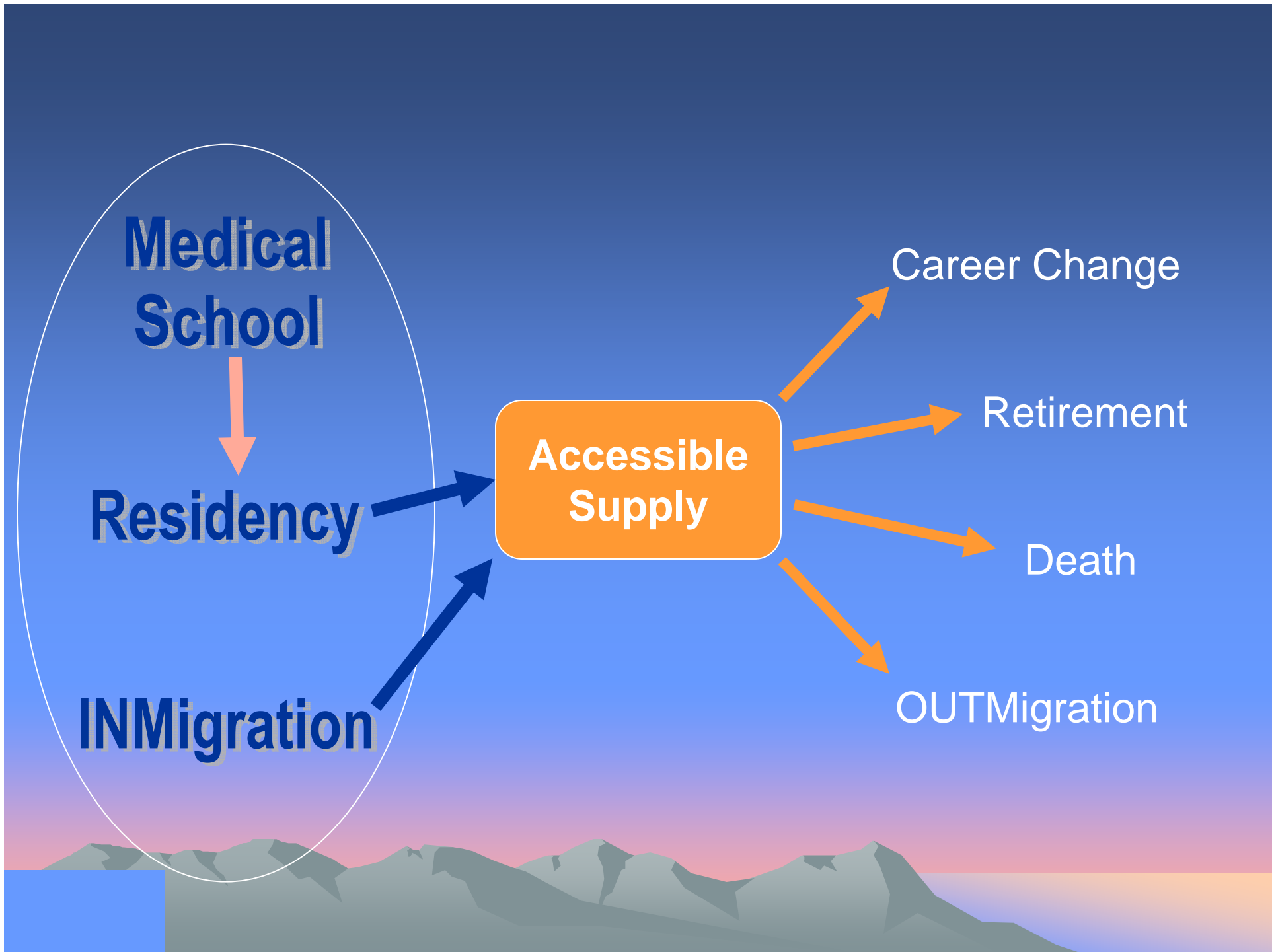


Death



OUTMigration





**Medical
School**

Residency

INMigration

**Accessible
Supply**

Career Change

Retirement

Death

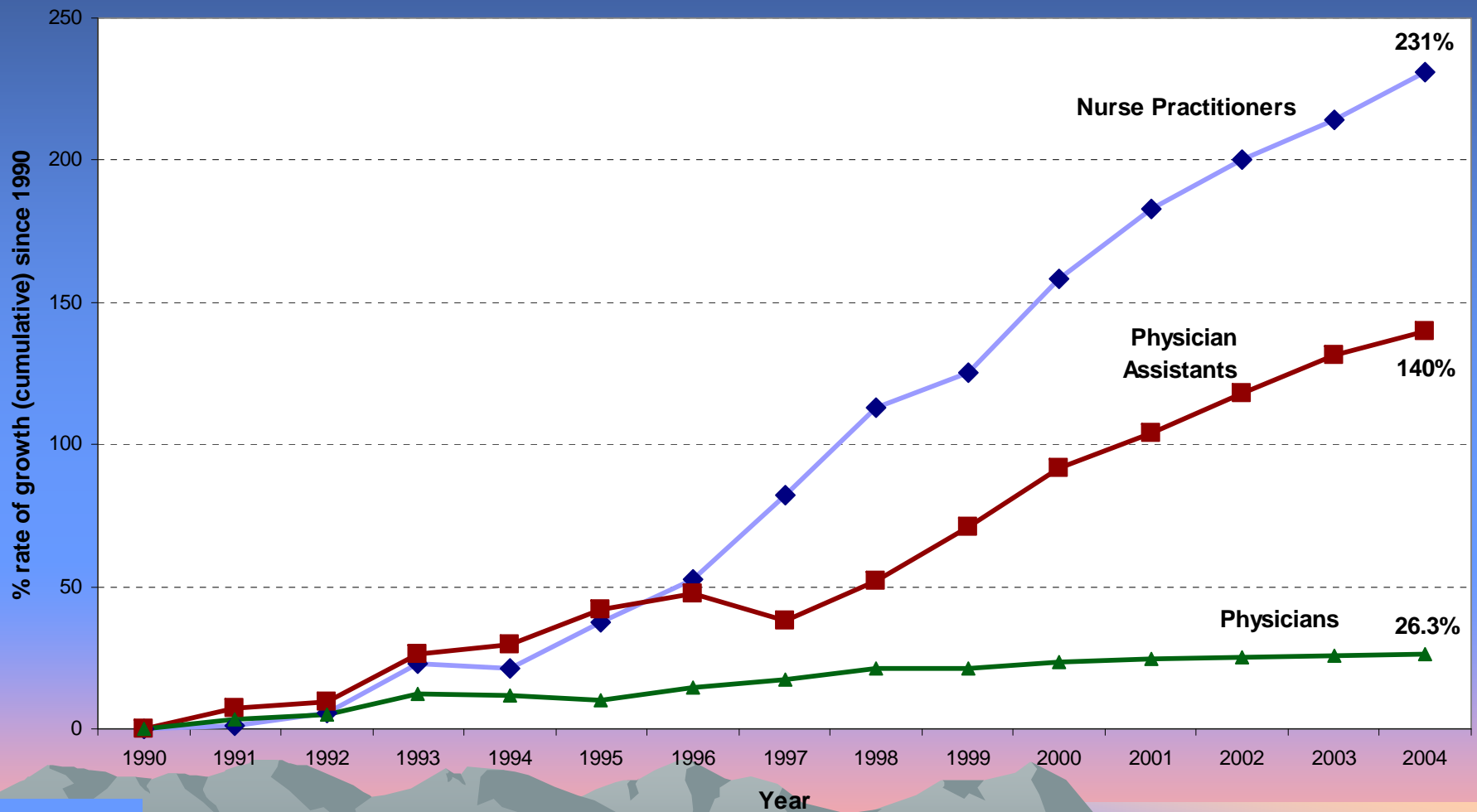
OUTMigration

School/ Training

- Four Western states that have no medical schools—Wyoming, Alaska, Montana, and Idaho
- Brief exposure to **rural** medicine is unlikely to make much difference.
- A training program allotted only one- to four-month **rural** rotations, but only 5 percent of participating residents went to practice in the countryside.



Supply of other mental health care providers



Possible Policy Options

- Reduce isolation of providers in rural areas
- Support training in publicly funded settings
- Develop new educational programs for nurse practitioners and physician assistants focused on mental health
- Support and disseminate successful models of care that:
 - Strengthen ties between primary care providers and psychiatrists
 - Provide team-based care and/or consultation models that expand efficiency of existing workforce



Psychiatry

- Strengthen existing training sites for residents
- Identify new sites for psychiatry residents
- Expand role of university to integrate care and training
- Explore use of rural hospital linkages as training sites
- Develop new models for training psych residents while strengthening delivery system

Psychiatry

- Among the remedies we might consider are to increase the number of psychiatry residents in programs in or near underserved areas encourage residents to take electives in such areas
- Provide more incentives for working in underserved areas
- Simplify the J-1 visa waiver application process for international medical graduates

Telemedicine

- Telemedicine can also bring access to scarce subspecialists or experts, such as child psychiatrists.
- The telemedicine facilities can be shared by more than one specialty, for example, psychiatry and dermatology.



Primary Care/ Mental Health Integration

- Add psych/mental health fellowship for selected PA grads
- Recruit students with mental health background into primary care PA and NP programs
- Develop psych/mental health track within NP programs
- One year psych/behavioral health fellowship for family physician residents.

Primary Care/ Mental Health Integration

- In many cases, need to link incentives for practice in underserved areas to training programs
- Reimbursement for mental health services still an issue in placing providers in underserved areas

Summary

- Number of positions in underserved areas far exceeds the number of residents seeking to fill them.
- If this pattern continues, there will be more underserved areas without psychiatrists and in turn more people with mental illness not able to get care



Summary (cont.)

- As psychiatrists and APA members, we need to put addressing this issue at the top of our to-do list.
- We need to address this problem now while it is still manageable rather than just "wait and see."



Thank You

