

### Introduction

The President's New Freedom Commission<sup>1</sup> called for a transformation of the existing mental health care system to develop a consumer-centered system focused on recovery that delivers excellent care without disparities. In 2005, Washington State was one of seven states (now expanded to nine) to receive a five-year Mental Health Transformation-State Incentive Grant from the Substance Abuse and Mental Health Services Administration to transform services towards that goal. The shortage of mental health professionals has been a major challenge to transformation in all of these states.

This report profiles Washington State's need for mental health services, provides counts of the state's mental health professional workforce, locates workforce shortages, and assesses geographic disparities statewide. Washington is compared to nearby states, other Mental Health Transformation states as well as to the U.S. as a whole. Policy implications for Washington State are highlighted.

### Findings

All of Washington State's counties have shortages of mental health professionals who can prescribe<sup>2</sup> (Exhibit ES1). Only Grant and Adams counties show shortages of non-prescribers.<sup>3</sup> Shortage levels are related to per capita income. San Juan and King Counties fall at one extreme, with high per capita income and low shortages; Adams and Grant Counties fall at the opposite extreme, with low income and high shortages (Exhibit ES2; dark shading indicates the highest quartile of shortage).

Four of the state's Regional Support Networks

(RSNs) have mental health professional

shortages of at least 40%: North Central, Grays Harbor, Chelan-Douglas and Timberlands (Exhibit ES3).

Washington's situation is similar to that of the U.S. as a whole, where only 29% of counties have nonprescriber shortage but 99% of counties have some prescriber shortage and therefore some level of overall shortage (Exhibit ES4).

Consumer voices call for further fact-finding about the mental health workforce to guide mental health transformation in Washington State. Earlier surveys conducted in Washington State<sup>1</sup> found that many people are unable to access needed services. Those with access are generally pleased with the services they receive, but others report a lack of supportive services to help with work, housing, and other basic needs.

### Recommendations

Washington State does have workforce needs, but current findings provide only part of the information required to guide transformation efforts. **There is a series of additional tasks that need to be addressed:**

- **Stimulate further efforts to expand the provider pool and available services:**
  - Increase supply of advanced practice psychiatric nurses with prescriptive authority and possibly psychologists as well
  - Broaden use of telepsychiatry
  - Integrate mental health with primary care
  - Develop peer-provided services and other supports
  - Use Medicaid policy to bridge insurance/service gaps
- **Ensure workforce availability in the public sector where consumers with the most needs receive care**
- **Increase use of evidence-based practices by the current workforce**

Washington State supports a number of exemplary programs to address these issues. Major challenges for mental health transformation are to bring exemplary projects to scale across the state so that services will be available based on need rather than area of residence, to build a continuum of care that provides social supports as well as clinical services, and to sustain recovery-oriented services through long-term financing.

<sup>1</sup> Details and references available in Morrissey J, Thomas K, Ellis A, & Konrad T (2007). *Geographic Disparities in Washington State's Mental Health Workforce*. Chapel Hill, NC: Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

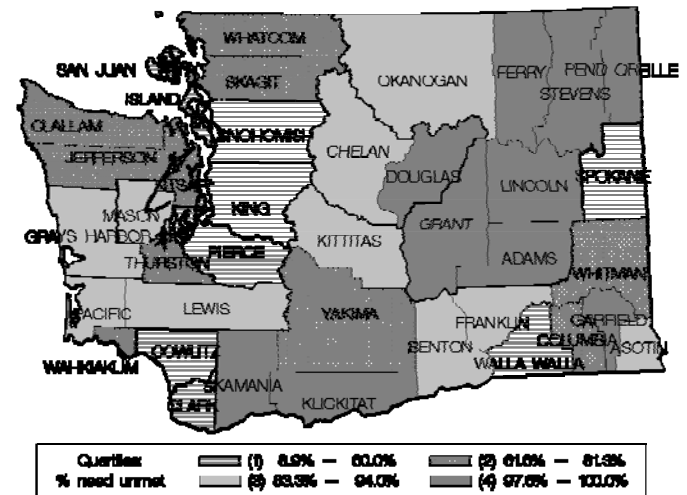
<sup>2</sup> Psychiatrists and advanced practice psychiatric nurses with prescriptive authority

<sup>3</sup> Psychologists, social workers, advanced practice psychiatric nurses, licensed professional counselors, and marriage and family therapists

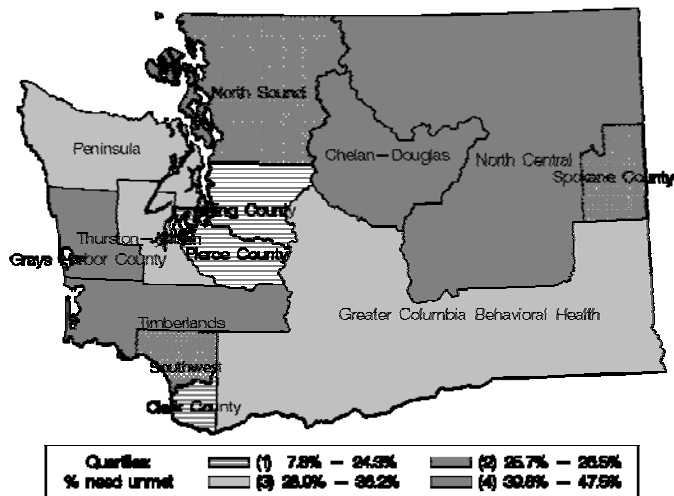
**Exhibit ES1. Prescriber shortages by county**

County	% need unmet	County	% need unmet	County	% need unmet
Adams	100.0	Kittitas	90.7	Clallam	64.3
Ferry	100.0	Franklin	88.7	Kitsap	64.2
Garfield	100.0	Mason	86.9	Thurston	61.8
Grant	100.0	Chelan	86.3	Whatcom	61.6
Klickitat	100.0	Asotin	86.1	Spokane	60.0
Lincoln	100.0	Pacific	85.6	Walla Walla	58.8
Pend Oreille	100.0	Benton	83.3	Cowlitz	58.1
Skamania	100.0	Wahkiakum	80.3	Snohomish	56.1
Stevens	100.0	Yakima	77.3	Clark	54.4
Douglas	97.6	Whitman	73.8	Island	52.7
Grays Harbor	94.0	Columbia	66.9	Pierce	47.9
Lewis	93.4	Skagit	66.7	King	17.3
Okanogan	93.4	Jefferson	65.4	San Juan	8.9

**Exhibit ES2. Prescriber shortages in Washington Counties**



**Exhibit ES3. Mental health workforce shortages by Regional Support Network**



**Exhibit ES4. Mental health workforce shortages by county across the U.S.**

