Human Services

Report to the

Business Legislation Committee
114th Legislature

on the

MENTAL HEALTH PROFESSIONALS STUDY

as required in
Resolves, 1987, ch. 97

Submitted by

THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

June 21, 1989

ACKNOWLEDGEMENTS

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Our thanks and appreciation is given to all who contributed to the completion of this study.

Over 35 people participated in focus groups or individual interviews to discuss issues or respond to questions about the need for mental health professionals and incentives and methods of increasing the supply of these professionals in Maine.

The Maine Psychological Association shared its survey of psychologists in public service and arranged a focus group of psychologists. The Maine Chapter of NASW invited the investigator to be present at the spring conference and to distribute the questionnaire, which supplied information about Social Workers in this study.

Staff from fifty-nine agencies responded to the Agency Survey of Employers, which supplied a vital part of the information in this study.

Staff from the various organizations which have conducted surveys of professionals have been very helpful in supplying special data runs, providing additional information and insight about their survey, and supplying original data analysis information.

Appreciation is also expressed to those who reviewed the study in any way.

Maine Department of Mental Health and Mental Retardation
Mental Health Professionals Study

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The mental health professionals studied (psychiatrists, psychologists, social workers, psychiatric/mental health nurses) are distributed throughout the state, but cluster in the more populated areas and where those organizations which employ them, such as State mental health institutes, community mental health centers, and hospitals are located. Thus rural counties do tend to have fewer professionals.

There are shortages in all mental health professional discipline groups throughout the state in both state and non-profit organizations. Federal shortage criteria indicate psychiatrist shortages in five rural counties and part of a sixth, as well as in both State mental health institutes. There were vacancies in all of the professional groups studied in most of the six mental health service areas. Community agencies, psychiatric units in general hospitals and State mental health institutes describe difficulties in hiring qualified applicants in all disciplines. Thus, there is a need to increase the number of reimburseable professionals.

The reimbursement system covers services provided by all mental health professionals employed in facilities licensed by the Department of Mental Health and Mental Retardation. In private settings, all of these professionals are reimbursed by commercial insurers. However, while Medicaid reimbursement is received by Psychiatrists and Psychologists, it is not received by Licensed Clinical Social Workers, Licensed Masters Social Workers, and Psychiatric Nurse Specialists for services provided in private practice. If the current legislation to license counseling professionals (LD936) passes, then reimbursement for these professionals will undoubtedly also become an issue.

There is a demonstrated need for professionals throughout the state. Methods of increasing access to mental health professionals and the increase in incentives for working in Maine are considered to be state-wide issues.

Two major issues in recruitment and retainment of mental health professionals are payment for services and education. Competitive salaries are a major factor in attracting qualified professionals to Maine and in keeping them here. Education serves to increase the supply of mental health professionals by assisting those in entry level positions to both become better trained in their chosen field and to become qualified for licensure. Continuing education opportunities can also serve as an incentive for keeping qualified staff and for recruitment.

The perception of professionals working in the state system is that the State personnel system is somewhat inflexible and does not always facilitate the recruitment and retention of professional staff.

Recommendations include: (1) consider the results of this study when compensation studies for mental health professionals in both state and non-profit sectors are conducted; (2) review the educational/training programs in post-secondary schools in Maine to strengthen professional training opportunities within the state; (3) provide opportunities for communication, training, and dialog for mental health professionals in the state system in mechanisms and procedures to use the flexibility in the state personnel system, as well as to discuss problems the structure presents; and (4) review the feasibility of Medicaid reimbursement for professionals in private practice who are not currently reimburseable.

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
MENTAL HEALTH PROFESSIONALS STUDY

INTRODUCTION

There has been increasing concern about the limited availability and number of human service professionals in the State of Maine as expressed by numerous news articles, various studies, and resource reviews and by consumers, providers, and family members.

This concern has focussed particularly on professionals in the mental health field with the result being a legislative mandate (Resolves, 1987, ch. 97) "to study the need to increase the supply of reimbursable mental health professionals." This legislation is summarized as follows (See Appendix A for full legislation).

Conduct a study to

A. Determine availability of Mental Health Professionals in all parts of the State
   1. Make an inventory of all Mental Health Professionals by:
      a. geographic area
      b. discipline
      c. types and amount of academic and clinical training
      d. employing organization
   2. Differentiate between those professionals who are eligible for third party payment and those who are not

B. Assess methods of increasing access to Mental Health Professionals where access is limited

C. Develop criteria for assessing need for Mental Health Professionals
   1. By state agencies
   2. By non-profit agencies which contract with the State
   3. By private providers

D. If need is found, then determine how to meet the need
   1. Increase incentives for working in underserved areas
   2. Increase types of professionals eligible for third party reimbursement

E. If need is found, send report to Department of Professional and Financial Regulation for costing.

An agency Survey of Employers was conducted for this study to obtain information from employers about the type and numbers of mental health professionals hired, the number of vacancies, the difficulty in filling vacancies, and suggestions for retaining and recruiting qualified professionals. Questionnaires were sent to 67 organizations which included 8 mental health centers who serve all ages, 14 organizations whose major emphasis is children, two which serve primarily elderly, 11 hospitals, and 32 who serve adults aged 18 and older. In addition, the two State mental health institutes and both the Bureau of Children with Special Needs and the Bureau of Mental Health were surveyed. Fifty-nine (83%) of the organizations responded. Four indicated they do not have direct service staff and were not included in the data analysis. Thus, all ages of clients are considered in addressing the need for mental health professionals.

In addition to the Agency Survey of Employers described in the previous paragraph, other information was obtained from surveys of professionals conducted by other organizations, interviews and focus group discussions with professionals, federal shortage criteria for psychiatrists, and reimbursement information from third party payers.

RESULTS OVERVIEW

For the purposes of this study, Mental Health Professionals are the following: Psychiatric Nurse, Psychiatrist, Psychologist, Psychological Examiner, Social Worker and Qualified Mental Health Professional, as defined in the Regulations for Licensing Mental Health Facilities, Revised, 1987.

Inventory of Mental Health Professionals

Inventory of the Mental Health Professionals was accomplished using two methods. First, lists of Licensed Psychologists, Psychological Examiners, and Social Workers were obtained from their licensing boards. These lists were sorted by county and mental health service area. Secondly, the number and distribution of psychiatrists and psychiatric/mental health nurses were obtained from the surveys of these professionals done by the Department of Human Services Office of Data, Research, and Vital Statistics. These surveys are mailed with license renewal notification, and thus receive a high return rate. The distributions of the professionals are shown in the following Tables: (1) Psychiatrists, (2) Mental Health/Psychiatric Nurses, (3) Psychologists and Psychological Examiners, and (4) Social Workers. Distribution of the "Core Professionals" of Psychologists, Licensed Clinical Social Workers, Mental Health/Psychiatric Nurses is shown in Table 5, which also includes a statistic showing the number of these professionals per 10,000 population.

Criteria of Need

There are federal shortage criteria for psychiatrists, developed by the Federal Department of Health and Human Services, Public Health Service and published in the Federal Register (November 17, 1980). These include defined standards for the number of psychiatrists to meet the mental health requirements of the general population, which include distance or time to get to services as well as the size of the population served.

Shortage criteria for the "core professionals" of clinical psychologists, psychiatric nurses, and clinical social workers has been proposed at the federal level and will contain elements similar to the shortage criteria for psychiatrists. However, these are not yet published.

In the absence of federal criteria for professionals other than psychiatrists, information was used from the Agency Survey of Employers, specially conducted for this study. Fifty-five organizations from community and state responded to the survey with useable data. Vacancies in calendar year 1988 were identified. Agencies were also asked to indicate whether they had problems in filling vacancies in each of the professional disciplines. Both of these were sorted by mental health service area and are shown in Table (6) Vacancies in Calendar Year 1988 and Table (7) Agencies Indicating Difficulty in Filling Vacancies. Comments describing the problems were categorized and are included in Table 7.

Table 1

ALLOPATHIC PHYSICIANS LICENSED IN MAINE*
PSYCHIATRISTS AND PSYCHOANALYSTS**
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT

July 1, 1986

Place of Residence	All Licensed	Non-Resp.	Inac-tive	Unk. Act-ivity	Place of Employment																
					Total	And	Aro	Cmb	Frn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	OOS
All Licensed	129	-	1	-	128	11	4	52	3	4	24	5	-	-	14	1	-	-	-	2	6	2
Out-of-State	2				2	1																1
MAINE TOTAL	127	-	1	-	126	10	4	52	3	4	24	5	-	-	14	1	-	-	-	2	6	1
Androscoggin	9				9	8		1														
Aroostook	4				4		4															
Cumberland	50		1		49	1		47			1											
Franklin	4				4				3		1											
Hancock	5				5					4												
Kennebec	18				18						18				1							
Knox	5				5						1	4										
Lincoln	4				4			2			1	1										
Oxford	1				1	1																
Penobscot	12				12										12							
Piscataquis	1				1											1						
Sagadahoc	3				3			1			2											
Somerset	-				-																	
Waldo	1				1																	
Washington	2				2										1							
York	8				8			1												2	6	1

*All allopathic physicians living or working in Maine who licensed in Maine during the 1986 licensure cycle.

**Self-reported first, second, or third specialty.

Source: DHS Office of Data, Research and Vital Statistics.

Table 2

Registered Mental Health/Psychiatric Nurses Licensed in Maine*
Activity Status and Residence Location
July 1987

	TOTAL	ACTIVE	INACTIVE
TOTAL	406	397	9
ANDROSCOGGIN	24	23	1
AROOSTOOK	10	10	0
CUMBERLAND	127	124	3
FRANKLIN	5	5	0
HANCOCK	5	5	0
KENNEBEC	85	82	3
KNOX	6	6	0
LINCOLN	13	13	0
OXFORD	7	7	0
PENOBSCOT	51	51	0
PISCATAQUIS	0	0	0
SAGADAHOC	11	11	0
SOMERSET	13	12	1
WALDO	13	13	0
WASHINGTON	0	0	0
YORK	36	35	1

*Licensed registered nurses, in the mental health field, who responded to the survey. Of these, 185 are certified by the American Nursing Association as either Psychiatric or Mental Health Nurse (141) or Clinical Nurse Specialist in Psychiatric and Mental Health Nursing (44).

Source: DHS Office of Data, Research and Vital Statistics

Table 3

Distribution of Psychologists and Examiners (Place of Residence)

SERVICE AREA	COUNTY	PSYCHOLOGISTS	EXAMINERS	TOTALS
I.	Aroostook	7	6	13
	TOTAL	7	6	13
II.	Hancock	7	2	9
	Penobscot	43	12	55
	Piscataquis	1	1	2
	Washington	3	1	4
	TOTAL	54	16	70
III.	Kennebec	52	6	58
	Somerset	2	1	3
	TOTAL	54	7	61
IV.	Androscoggin	19	4	23
	Franklin	6	0	6
	Oxford	3	2	5
	TOTAL	28	6	34
V.	Cumberland	80	25	105
	York	21	7	28
	TOTAL	101	32	133
VI.	Knox	12	2	14
	Lincoln	6	2	8
	Sagadahoc	3	2	5
	Waldo	4	1	5
	TOTAL	25	7	32
MAINE STATE TOTAL		269	74	343

Source: List of licensed psychologists and psychological examiners from the Maine State Board of Examiners of Psychologists.

Table 4

Distribution of Licensed Social Workers (Place of Residence)

SERVICE AREA	COUNTY	LSW	CSW	LMSW	LCSW	TOTALS
I	Aroostook	152	0	24	14	190
	TOTAL	152	0	24	14	190
II.	Hancock	44	0	12	15	71
	Penobscot	143	0	32	32	207
	Piscataquis	25	0	2	1	28
	Washington	42	0	4	4	50
	TOTAL	254	0	50	52	356
III.	Kennebec	104	0	35	35	174
	Somerset	43	0	9	7	59
	TOTAL	147	0	44	42	233
IV.	Androscoggin	161	1	32	33	227
	Franklin	35	0	5	6	46
	Oxford	48	0	2	11	61
	TOTAL	244	1	39	50	334
V.	Cumberland	348	2	108	163	621
	York	122	1	26	45	194
	TOTAL	470	3	134	208	815
VI.	Knox	49	0	3	19	71
	Lincoln	23	0	5	6	34
	Sagadahoc	38	0	7	12	57
	Waldo	38	1	13	4	56
	TOTAL	148	1	28	41	218
MAINE STATE TOTAL		1,415	5	319	407	2,146

Source: List of licensed social workers from the Maine State Board of Social Worker Licensure.

Table 5

Distribution of Core Professionals

Service Area	County	Psychologists	LCSWs	MH/ Psych Nurses[1]	Total	Population	MHP/ 10,000 Pop.
I.	Aroostook	7	14	10	31	86,250	3.6
II.	Hancock	7	15	5	27	45,650	5.9
	Penobscot	43	32	51	126	139,500	9.0
	Piscataquis	1	1	0	2	18,300	1.1
	Washington	3	4	0	7	33,950	2.1
		54	52	56	162	237,400	6.8
III.	Kennebec	52	35	85	172	113,800	15.1
	Somerset	2	7	13	22	48,350	4.6
		54	42	98	194	162,150	14.7
IV.	Androscoggin	19	33	24	76	102,500	7.2
	Franklin	6	6	5	17	29,750	5.7
	Oxford	3	11	7	21	51,250	4.1
		28	50	36	114	183,480	6.2
V.	Cumberland	80	163	127	370	235,950	15.7
	York	21	45	36	102	167,550	6.1
		101	208	163	472	403,500	11.7
VI.	Knox	12	19	6	37	36,400	10.2
	Lincoln	6	6	13	25	29,850	8.4
	Sagadahoc	3	12	11	26	32,950	7.9
	Waldo	4	4	13	21	31,150	6.7
		25	41	43	109	130,350	8.2
State Totals		269	407	406	1,082	1,203,150	9.0

1/ Not all Nurses working in mental health facilities are trained/certified in psychiatric nursing.

Source: Mental Health Professionals Study

Shortages

Shortages are evident in all the mental health professional disciplines throughout the state, and in both State and non-profit organizations. For psychiatrists, five full counties and part of another have been federally designated as shortage areas in addition to the State mental health institutes. The designated areas are: Augusta Mental Health Institute, Bangor Mental Health Institute, and Aroostook, Oxford, northern Penobscot, Piscataquis, Somerset, and Washington counties. These designated shortage areas are theoretically eligible to request help from the Public Health Service such as assistance in paying educational loan costs for psychiatrists who come to work in that area for a designated time period. However, it is our understanding that this program is under resourced.

State mental health institutes and community organizations indicate they have vacancies in all disciplines and have found them hard to fill. In the DMHMR Agency Survey of Employers conducted for this study, employers were asked, "Did your agency have problems filling vacancies in each of the disciplines? If so, what were they?" In response to the first part of the question, of the 55 agencies responding, 12 indicated difficulty finding psychiatrists, 9 - psychologists, 24 - LMSWs and LCSWs, 15 Psychiatric Nurses and 22 Mental Health Workers (See Table 7). The primary reason given was that there was a lack of qualified applicants available, and especially those in the specialty areas required (e.g., children with special needs, Indian culture, residential, deafness, sex abuse). Another major reason given was that pay scales are inadequate to attract qualified applicants (See Table 7).

Table 6

Vacancies in Calendar Year 1988

Service Area	No. Agencies	Psychi-atrists	Psychol-ogists	LMSW/ LCSW	Psych Nurse	QMHP LSW/LPN
		Community Agencies & Psychiatric Units in General Hosp.				
I.	3	0	3	4	2	9
II.	10	1	5	11	0	10
III.	9	1	4	12	8	5
IV.	6	0	1	6	1	14
V.	18	2	5	26	11	48
VI.	5	6	1	11	6	13
Community Subtotal	51	10	19	70	28	99
		State Organizations				
Bureaus	2	0	0	0	3	12
Institutes	2	9.5	12	3	28	15
State Subtotal	4	9.5	12	3	31	27
Statewide Totals	55	19.5	31	73	59	119

Source: Agency Survey of Employers

State, Non-Profit, Private

The private market seems to be fed, at least in part, from the public and nonprofit sector. As professionals gain credentials of licensure and experience, some move into the private market to increase income and to have some choices in the type of client served and the participation in a team or individual approach. There does not appear to be the same limitations on salaries in the private sector that there are in the non-profit and State systems. Professionals who are not eligible to receive Medicaid payments (LCSW, LMSW, Clinical Nurse Specialist in Psychiatric Nursing) for private practice mental health services want to become eligible. However, those who are eligible (psychiatrists, psychologists) have indicated that they must limit the number of Medicaid clients served, since Medicaid does not pay the full cost.

Non-profit agencies who contract with the State to provide services are limited in both the number of professionals they can hire and the amount they can pay them by the funds received and by the mandate to serve the clients for which State funds are provided. Some of these are "working poor" who do not have insurance and are not eligible for Medicaid. Services for self-pay and other third party payer clients bring in some revenue, but must be limited to the amount of staff time available after the mandated population is served.

Professionals in the State system report concern about the "rigidity" of the personnel system and its impact upon recruitment and retainment of qualified professionals. The system limits continued increases in salary with only seven steps between the beginning and end of the pay range, and with few levels of positions. It is the general practice that a professional's salary moves to the next step for the next year upon completion of satisfactory work. Experienced professionals may be hired above the entry level and thus have less time before reaching the top. They then must decide whether to stay, with only cost of living increases, or go to another organization. Because of this limitation, longevity, accompanied by professional experience and growth, is not rewarded in the State personnel system.

The State personnel structure limits flexibility in the use of full-time and part-time positions. Positions are designated as full time (40 hr.) or part time, and they seem difficult to change as reported by the professionals who are responsible for recruiting and hiring within their discipline. Professionals report that if a part time person is hired in a full-time position and the other "part" is not also filled, the position may be permanently changed to a part-time position, thus losing part of a position. Personnel staff in the Department of Mental Health and Mental Retardation indicate that there are mechanisms to preserve the unused portion of a position, and that these professionals should communicate their needs to the personnel staff. However, the Institute or the Department may decide to use "leftover" positions elsewhere. Both (Personnel staff and Institute professionals) agree that it is virtually impossible to "split" a 40 hour position into combinations other than two half time positions. This type of flexability is needed to recruit professionals who are willing to work more (or less) than half time. In a time of shortages, the flexibility to offer part-time or contract hours may be the difference in having a qualified professional or not having them. There is also little opportunity to contract for limited time such as coverage for professionals who are away for training, illness, or vacation. Currently staff are spread thinner and thus there is a possibility of lack of coverage in a critical area. Some professionals reported that differentials for late shifts and weekends are inadequate to attract qualified applicants.

Reimbursement

Reimbursement criteria vary according to the type of payer. There is recognition of both professionals and facilities in the insurance laws. If a facility is licensed by the Department of Mental Health and Mental Retardation, services provided by all of the professionals defined in the Regulations for Licensing Mental Health Facilities, Revised 1987 are reimbursed. Insurance for mental health services is mandated by Maine Insurance Laws in Title 24A, MRSA, sections 2835 and 2843.

Reimbursement from both Medicaid and commercial insurers is available for services provided in facilities licensed by the Department of Mental Health and Mental Retardation. Some professionals (Psychiatric Clinical Nurse Specialists and Licensed Clinical Social Workers) are not reimbursed for private practice services by Medicaid. The amount of Medicaid reimbursement limits the number of such clients some professionals feel they can serve, since it pays only a proportion of their usual fee.

The following professionals are reimbursed by the indicated third party payors.

	Medicaid	Medicare	Blue Cross
M.D., licensed		x	x
M.D.,licensed, w/3-yr. post grad. psychiatry	x	x	x
Psychiatrists, Licensed/Certified	x	x	x
Psychologist, Licensed	x	x	x
Independent Practising Ph.D.		x	
Psychological Examiner Licensed	o		o
Psychiatric Clinical Nurse Specialist AVA Certified	o		x
Nurse w/Master's or higher license	o		o
LCSW/LMSW	o		x
Staff w/appropriate training approved by BMH, supervised by a licensed professional in a BMH licensed agency	o		o

x = Reimbursed in both private practice and M.H. facility licensed by DMHMR.
o = Reimbursement only if working in M.H. facility licensed by DMHMR.

Retention and Recruitment

Asked about effective ways to keep qualified staff, the highest number of responses (27 or 23.5%) in the Agency Survey of Employers cited educational opportunities and job development or enrichment. There were nearly as many responses (24 or 20.9%) about competitive salaries. In addition to salaries, incentives were suggested such as time off/weekend rotation, reduced workweek, private practice allowed on site, longevity vacation and insurance increases, staff support to reduce stress/burnout, and opportunity to supervise students. Another frequent response (23 or 20%) was administrative/management support, which emphasized appreciation of staff work, team work, participation in decision making, and good communication. Other responses less frequently mentioned were flexible work schedule, good clinical supervision, and advancement opportunities. (See Table 8)

In response to a question about incentives and methods of recruitment, salaries/funding (22 or 29.7%) and education/training (24 or 32.4%) received the greatest number of responses. Phrases such as "marketable" and "competitive" salaries were used. Wage differentials for rural areas and for working with difficult (dangerous or psychotic) clients were suggested. A pay parity plan was suggested to bring all state and non-profit salaries into similar ranges. Adequate funding of agencies in order to increase salaries was included. Competitive (with private practice and other states) salaries were mentioned by members of all professional groups interviewed as high priority, with suggestions of 15% to 30% increases from the current pay schedules.

Comments in the educational/training area included both the availability of funds and time for continuing education and the need for accessible professional training (which can lead to licensure) in Maine's educational system. This includes having at least basic coursework in accessible sites throughout the state and strong degree - granting programs with specialty courses in at least one location with released time/travel funds for professionals to attend. There were also suggestions for affiliations and internships with accredited professional schools in community and state organizations. (See Table 9)

Table 8

Effective Ways of Keeping Qualified Staff

	Number	Percent
Educational Opportunities/Job Development or Enrichment	27	23.5
Competitive Salaries	24	20.9
Fringes/Incentives	15	13.0
Administrative/Management Support	23	20.0
Flexible Work Schedule	8	7.0
Clinical Supervision	6	5.2
Advancement Opportunities	5	4.3
Other	7	6.1
Total Comments	115	

Source: Agency Survey of Employers

Table 9

Incentives or Methods to Increase the Number of Mental Health Professionals

	Number	Percent
Educational Opportunities	24	32.4
Salaries and Funding Increases	22	29.7
Work/Recruitment Incentives	10	13.5
Licensure Issues	9	12.2
Advancement Opportunities	2	2.7
Other	7	9.5
Total Comments	74	

Note: Some agencies made more than one comment.
Source: Agency Survey of Employers

Licensure Issues

Some licensing issues also surfaced in response to the recruitment question in the Agency Survey of Employers. These included the following suggestions.

(1) Require licensure boards to facilitate the licensure process;
(2) Provide funds for
    (a) application for licensure,
    (b) supervision of licensure applicants,
    (c) recognizing licensure with increased salary/benefits;
(3) Request the Social Worker Licensing Board
    (a) define acceptable standards for LCSW apprenticeship settings,
    (b) expand the number of available/acceptable apprenticeship settings,
    (c) reconsider the educational limitation of a Bachelor of social work to obtain an LSW; (Note: There are conditional, one-time 15-24 month licensures which allow people with other Bachelor's degrees to study and sit for the licensure examination)
(4) Recognize professional credentials (of LCSWs and Psychiatric Clinical Nurse Specialists) by the elimination of Medicaid regulations that treatment plans must be signed by a M.D. or Ph.D.;
(5) Provide legislation to establish licensure of Ed.D. and M.Ed. (Note: Legislation has been introduced to do this through L.D. 936).;
(6) Provide basic certification for a community mental health paraprofessional. (Note: This is addressed in a proposal to the National Institute of Mental Health submitted May 3, 1989 Titled: "Client Based Rehabilitation Model and Certificate System for Integrated Personnel and Settings.")
(7) Provide licensure procedures for psychologist candidates to obtain licensure as a psychological examiner for those candidates who have gone directly from the Bachelor's degree to a Ph. D. to a Psy.D. without a Master's degree, and who have completed course requirements for the doctorate, but who may not have completed dissertation or final requirements.

A reader of this report commented that both licensing and incentives should be considered in respect to whether the pool of mental health professionals will be increased. It is his opinion that expanding licensed groups will cause more professionals to move into private practice and out of state and non-profit organizations, thus reducing the pool for these organizations. He adds that incentives such as educational stipends, internships and residencies, as well as increased salaries, will assist in increasing the pool of professionals for state and non-profit positions.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The mental health professionals studied (psychiatrists, psychologists, social workers, psychiatric/mental health nurses) are distributed throughout the state, but cluster in the more populated areas and where those organizations which employ them, such as State mental health institutes, community mental health centers, and hospitals are located. Thus rural counties do tend to have fewer professionals.

There are shortages in all mental health professional discipline groups throughout the state in both state and non-profit organizations. Federal shortage criteria indicate psychiatrist shortages in five rural counties and part of a sixth, as well as in both State mental health institutes. There were vacancies in all of the professional groups studied in most of the six mental health service areas. Community agencies, psychiatric units in general hospitals and State mental health institutes describe difficulties in hiring qualified applicants in all disciplines. Thus, there is a need to increase the number of reimburseable professionals.

The reimbursement system covers services provided by all mental health professionals employed in facilities licensed by the Department of Mental Health and Mental Retardation and in private settings, with the exception that reimbursement from Medicaid is not received by Licensed Clinical Social Workers, Licensed Masters Social Workers, and Psychiatric Nurse Specialists for services provided in private practice. If the current legislation to license counseling professionals (LD936) passes, then reimbursement for these professionals will undoubtedly also become an issue.

Since there is a demonstrated need for professionals throughout the state, methods of increasing access to mental health professionals and the increase in incentives for working in Maine are considered to be state-wide issues.

Two major issues in recruitment and retainment of mental health professionals are payment for services and education. Competitive salaries are a major factor in attracting qualified professionals to Maine and in keeping them here. Education serves to increase the supply of mental health professionals by assisting those in entry level positions to both become better trained in their chosen field and to become qualified for licensure. It can also serve as an incentive for keeping qualified staff and for recruitment. Suggestions for educational incentives provided by professionals interviewed are as follows.

1. Funds, time, and travel expense to pursue education to obtain or maintain licensure in chosen field.
2. Challenging, interesting continuing education seminars/conferences offered periodically in-state to increase knowledge/skill.
3. Development or strengthening of professional training programs in Maine's educational system.

It is the perception of mental health professionals who are responsible for recruiting and hiring mental health staff, that the State personnel system's somewhat inflexible structure does not always facilitate the recruitment and retention of professional staff.

Recommendations

1. In order to make salaries in the State of Maine competitive so that qualified applicants will be successfully recruited and retained, consider the results of this study is when professional compensation in both public and private sectors is under review in the future, and include these results in that review.

2. In order to provide educational training for persons working in the system to increase their qualifications and to provide incentives for recruitment and retainment, review the educational/training programs in the University of Maine system and in other post-secondary schools in terms of:

   a. strengths and availability of training for mental health professionals
   b. possible resources for education/training
   c. need for additional courses or full degree programs
   d. geographic availability of such training.
   e. affiliation of qualified state/community professionals with university programs to provide supervision in placements and training resources as teachers of courses.

3. In order to provide greater ease in recruitment and retention in State system positions, provide periodical opportunities for communication/training of mental health professionals responsible for recruiting and hiring staff for state mental health positions in the mechanisms and procedures for providing flexibility in the state personnel system, and for dialog about those areas which remain problematic for these professionals.

4. In order to increase the number of reimburseable professionals in private practice who may serve severely mentally ill clients whose major source of payment for services is Medicaid, review the feasibility of Medicaid reimbursement for services provided by private practice Licensed Clinical Social Workers and Psychiatric Clinical Nurse Specialists.

DETAILED RESULTS BY DISCIPLINE

Psychiatrists

In the definitions of Mental Health Professionals from the Regulations for Licensing Mental health Facilities of the Department of Mental Health and Mental Retardation, Psychiatrists are defined as:

(1) having current and valid licensure as a physician by the Maine Board of Registration of Medicine

(2) and EITHER
(a) certified by the American Board of Psychiatry and Neurology or is eligible for examination by that Board as documented by written evidence from such Board, OR
(b) has completed three years of post graduate training in psychiatry approved by the Education Council of the American Medical Association and has written evidence of such. Thus, Psychiatrists are responsible to both in-state and out-of-state Boards to maintain their licensure.

In 1986, a survey of Allopathic and Osteopathic Physicians was conducted by the Department of Human Services, Office of Data, Research and Vital Statistics. Of the 1,979 Allopathic Physicians who responded to the Survey, 129 (6.5%) listed Psychiatry or Psychoanalysis as their speciality. None of the Osteopathic Physicians listed Psychiatry as their specialty. In Table 1, both the place of residence and place of employment by county is shown for the 126 Psychiatrists active and working in Maine. In Table 10, the Form of Employment is shown by county. Here it can be seen that 66 of the 126, or 52% are self-employed. The Agency Survey of Employers also shows a high porportion of self-employed psychiatrists in that 50 (60%) of the 83 Psychiatrists are contract employees. It can also be seen in Table 10 that Psychiatrists are located in the higher population areas and in those counties which have State mental health institutions, general hospitals with psychiatric units or private psychiatric hospitals. For example, five counties have 84% ofthe psychiatrists working in Maine (Androscoggin 8%, Cumberland 41%, Kennebec 19%, Penobscot 11%, and York 5%). In Table 11 the Work setting is shown. While 45 (35%) work in hospitals, 53 (42%) work in a practitioner's office.

As described in the Definitions, Terms and Criteria section, there are federal shortage criteria for Psychiatrists. The federal government has defined standards for the number of psychiatrists needed to meet the mental health requirements of the general population. Designated shortage areas are eligible to request help from the Public Health Service such as assistance in paying educational loan costs for psychiatrists who come to work in that area for a designated time. The following have been designated as shortage areas: BMHI, AMHI, and Aroostook, Oxford, northern Penobscot, Piscataquis, Somerset, and Washington counties.

Table 10

ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
PSYCHIATRISTS AND PSYCHOANALYSTS**
FORM OF EMPLOYMENT BY COUNTY OF EMPLOYMENT

July 1, 1986

County of Employment	TOTAL	Form of Employment								
		Self-Employed		Employed by Other						
		Solo	Group	Individual Practitioner	Partnership	Other Non-Governmental	Government-State, Local	Government-Federal	Other	Unknown
TOTAL	126	61	5	-	-	32	9	14	3	2
Androscoggin	11	6				2		1	1	1
Aroostook	4	2				2				
Cumberland	52	27	3			19	1	1	1	
Franklin	3	2				1				
Hancock	4	4								
Kennebec	24	5				5	5	9		
Knox	5	3				1			1	
Lincoln	-									
Oxford	-									
Penobscot	14	5	2			2	3	1		1
Piscataquis	1							1		
Sagadahoc	-									
Somerset	-									
Waldo	-									
Washington	2	1						1		
York	6	6								

*Licensed, active professionals working in Maine who responded to the survey.

**Self-reported first, second, or third speciality.

Table 11

ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
PSYCHIATRISTS AND PSYCHOANALYSTS**
WORK SETTING BY COUNTY OF EMPLOYMENT
July 1, 1986

County of Employment	TOTAL	Work Setting									
		Hospital	Nursing Home	Clinic	Practitioner's Office	Federal Facility	School, College, University	Medical Research Institute	Administrative Agency	Other Setting	Unknown
TOTAL	126	45	-	7	53	7	1	-	2	8	3
Androscoggin	11	1		3	4					2	1
Aroostook	4	1		1	1					1	
Cumberland	52	24			26		1			1	
Franklin	3			1	2						
Hancock	4	1			3						
Kennebec	24	13			2	7			2		
Knox	5			1	2					1	1
Lincoln	-										
Oxford	-										
Penobscot	14	5			7					1	1
Piscataquis	1									1	
Sagadahoc	-										
Somerset	-										
Waldo	-										
Washington	2				1					1	
York	6			1	5						

*Licensed, active professionals working in Maine who responded to the survey.

**Self-reported first, second, or third specialty.

Other information about shortages was provided from interviews and focus group discussions. The Maine Psychiatric Association (MPA) estimates a shortage of 20-25 Psychiatrists. At BMHI there are 3.5 vacancies. At AMHI there are four vacancies (June, 89) with another expected in the near future. However, the psychiatrist to patient care load is not adequately addressed with the funded positions at these institutions. For example, it is estimated that at BMHI a minimum of 10 positions is needed rather than the currently funded 7.5 positions for the average of 300 daily patient census. At some private psychiatric hospitals the psychiatrist to patient ratio is 1 to 10. In the Agency Survey of Employers there were 10 additional vacancies for psychiatrists reported: five in hospitals with psychiatric units, three in community mental health centers and two in other community agencies. Thus, it is established that there is a shortage of psychiatrists in Maine.

Psychiatrists are reimburseable for mental health services from Medicaid, Medicare and commercial insurers such as Blue Cross.

For psychiatrists, the major issue is payment for services. In the State and non-profit agencies, in general, psychiatric salaries are not competitive with the private sector nor with those in other states. The average income (nationally) for a psychiatrist is $102,500 (Reilly, May, 1989). In the State government system, the range for a Physician III is $55,800 to $78,600 and for a Clinical Director $58,700 to $81,970. Many of the community agencies contract with psychiatrists for a few hours a week paying $75 to $100 an hour. In the Agency Survey, the range was from $22.73 an hour ($47,280 annual) to $100 an hour ($208,000 annual - however, most professionals who work on contract do not receive full fee for the total of 2080 hours considered full time).

Based upon information from interviews and focus group discussions, Psychiatrists (and those recruiting them) in the State system have some special issues in addition to salaries. According to the perception of psychiatrists working in the State system, the rigidity of the state personnel system in designating full time (40 hr.) or part-time positions make it difficult to hire people who want to work part-time and virtually impossible to hire someone on contract for temporary coverage. If a part-time person is hired in a full-time position and the other "part" is not also filled, the position may be permanently changed to a part-time position, thus losing part of a position. Also, state pay ranges have only seven steps with step increases generally given annually. Psychiatrists with experience may be hired with a salary above the first step. Thus, there is little reward for longevity. (Note: According to Personnel staff in the Department of Mental Health and Mental Retardation, there are mechanisms and procedures in place to change full time positions to two part time positions, or to hire people in a "job share" combination. However, it may be a department or institute decision to use an unfilled position or part of a position elsewhere.) In addition to this, the patient population in the state institute is severely mentally ill and a difficult population with which to work. Staff, client care and facility condition is subject to public scrutiny. These things make working in the state system less appealing to the candidates for positions. In contrast, pay in private institutions or private practice averages at a comfortable $90,000 or higher, psychiatrists can choose their own patients, can work with families, and can work with a team, all of which are rewarding and satisfying parts of the job.

Continuing education is important to psychiatrists. In the 1987 Demographic, Training and Workload Characteristics of Maine State Mental Health Employees it was shown that those who were in the "Medical/Dental" occupational group received an average of 60 hours of continuing education/inservice training during the previous twelve months. In a similar survey of community mental health employees in 1988, 42.9% of the "Medical/Dental" group indicated an interest in pursuing continuing education and inservice training and 30% of this group expressed interest in academic training.

The Maine Psychiatric Association, in cooperation with the Department of Mental Health and Mental Retardation (which is providing the funds), is sponsoring an advertisement in the Psychiatric News in an effort to recruit candidates for psychiatric positions in the state in all categories. There has been a loan forgiveness program to assist in the pay back of loans for medical school, and The Public Health Service has successfully placed some psychiatrists in the state. However, with salaries in Maine so low, candidates can do better by paying for their own education and going to a place that pays higher salaries.

In summary, there are 126 psychiatrists in the state, concentrated in populated areas and where there are psychiatric hospitals or community general hospitals with psychiatric units. More than 50% of these psychiatrists are self employed in private practise and some contract with community agencies and general and private psychiatric hospitals to provide service. Six counties are all or partially designated as federal shortage areas, as also are the two state mental health institutes. Non-competitive salaries are a major issue with the lower end of the scale being paid in state and community agency positions. The Maine Psychiatric Association is concerned and has developed an ad to recruit psychiatrist candidates to Maine.

Psychiatric/Mental Health Nurses

In the definitions of Mental Health Professionals, a Psychiatric Nurse is:

(1) licensed as a registered professional nurse (RN) by the Maine State Board of Nursing AND
(2) EITHER (a) a Master's or higher degree in psychiatric or mental health nursing
OR (b) is certified by the American Nurses' Association (ANA) as a Psychiatric and Mental Health Nurse or Clinical Specialist in Psychiatric and Mental Health Nursing in either Adult or Child and Adolescent.

Certification by the American Nurses' Association has precise and stringent requirements including a written examination, rating and recommendation by a nurse colleague and proof of current experience in psychiatric and mental health nursing. According to the ANA, as of October 1988, there were 141 nurses in Maine who were certified as a Psychiatric and Mental Health Nurse, 37 as Clinical Specialist in Adult Psychiatric and Mental Health Nursing and 7 as Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing. As of this writing geographic distribution information about these nurses was not available.

In 1987, a survey of Registered Nurses in Maine was conducted by the Department of Human Services Office of Data, Research, and Vital Statistics. Of the 10,001 respondents, 406 (4.0%) indicated that their speciality area was Psychiatric/Mental Health. The distribution of these nurses by their place of residence is shown in Table 2. Of these, 374 gave their work setting and the county in which they work, summarized in Table 12. It is not surprising that 258, or 69% work in a hospital setting and that these nurses cluster in areas in which there are hospitals. In other settings of interest, 27 work in Community (Mental) Health, 18 in a School of Nursing, 14 in a Nursing Home and 11 are self-employed. Table 13 shows the highest degree earned and the setting in which these nurses work. The School of Nursing and self employed settings show a majority of Master's or Doctorate degrees while in the Hospital setting there is a wide range of educational achievement.

In a discussion with a Clinical Nurse Specialist in Psychiatric Nursing, this investigator asked, "Are there shortages?" She replied, "Of course there are!" When asked, "Where?" She quickly responded, "Everywhere!" That there is a nationwide shortage of nurses is well known and has been the subject of newspaper and journal articles (see "Federal Commission calls for Prompt Action..." and "The Nursing Shortage and Psychiatry" in the Sources Reviewed section) Focussing on the specialty of psychiatric/mental health nursing, the problem becomes more severe.

In the Agency Survey of Employers of Mental Health Professionals, a total of 59 vacancies for Psychiatric/Mental Health Nurses in Calendar Year 1988 was reported. Of these, 16 were at AMHI, 12 at BMHI, 3 in State Bureaus, 8 in Psychiatric Units in General Hospitals and 20 in community agencies. As of mid-April, there were 12 vacancies out of 60 positions at BMHI and 14 vacancies in 74 positions at AMHI. Twelve community agencies/general hospitals, the two State mental health institutes and 1 State bureau indicated they had difficulty filling vacancies. There is also an expressed need for Clinical Nurse Specialists to work with School of Nursing faculty to plan and teach nursing education at the State Mental Health Institutes.

Table 12

Active Registered Mental Health Nurses in Maine*
Work Setting by County of Employment

	Total	Hos-pital	Nur-sing Home	School of Nursing	Pri-vate Duty	School Nurse	Occ. Hlth. Nurse	Office Nurse	Comm. Health	Self-empl.	Other
TOTAL	374	258	14	18	1	3	1	1	27	11	40
ANDROSCOGGIN	24	14	2	2	0	0	0	0	3	1	2
AROOSTOOK	6	4	0	0	0	0	0	0	0	0	2
CUMBERLAND	127	88	1	9	1	0	1	1	2	5	19
FRANKLIN	2	1	0	0	0	0	0	0	1	0	0
HANCOCK	2	0	0	0	0	0	0	0	0	1	1
KENNEBEC	111	91	1	1	0	0	0	0	13	2	3
KNOX	7	4	0	0	0	0	0	0	1	0	2
OXFORD	3	0	0	0	0	0	0	0	2	0	1
PENOBSCOT	56	38	4	4	0	1	0	0	2	0	7
PISCATAQUIS	1	0	0	0	0	0	0	0	1	0	0
SAGADAHOC	5	3	1	0	0	0	0	0	0	1	0
SOMERSET	5	1	1	1	0	0	0	0	1	0	1
WALDO	1	1	0	0	0	0	0	0	0	0	0
WASHINGTON	1	0	1	0	0	0	0	0	0	0	0
YORK	23	13	3	1	0	2	0	0	1	1	2

*Licensed active professionals working in Maine, in the mental health field, who responded to the survey. Of the 397 active Mental Health Nurses who responded to the Survey, 374 indicated both county of employment and work setting.

Source: DHS Office of Data, Research and Vital Statistics

Table 13

Active Registered Mental Health Nurses in Maine*
Work Setting by Highest Degree
July 1, 1987

	Total	Hospital	Nursing Home	School of Nursing	Private Duty	School Nurse	Occ. Hlth. Nurse	Office Nurse	Comm. Health	Self-empl.	Other
Total	374	258	14	18	1	3	1	1	27	11	40
Unknown Degree	3	2	-	-	-	-	-	-	1	-	-
Diploma[1]	141	110	5	-	1	1	-	-	3	1	20
Associate[2]	62	49	2	-	-	-	1	-	5	-	5
Baccalaureate in Nursing	54	41	2	-	-	-	-	-	4	-	7
Baccalaureate - Other Field	41	29	4	-	-	-	-	1	4	-	3
Masters in Nursing	44	15	-	13	-	1	-	7	4	4	
Masters Other Field	26	12	1	3	-	1	-	3	5	1	
Doctorate	3	-	-	2	-	-	-	-	-	1	-

*Licensed active professionals working in Maine, in the Mental Health field, who responded to the survey.

1 Nurses who received their training in hospital-based programs received a diploma. There are no longer any of these training programs in Maine.

2 Nurses who received their training in a University School of Nursing sreceived an Associate degree.

Source: DHS Office of Data, Research and Vital Statistics

Reimbursability from third party payers for the majority of these nurses is through the facility for the services provided there. In the Nurse Practice Law and the Maine Insurance Laws, Clinical Specialists in Psychiatric and Mental Health Nursing are reimburseable for mental health services provided in private practice settings. However, they are not reimbursed by Medicaid for private practice services.

Discussion with a group of Psychiatric Nurses and with the Directors of Nursing at both AMHI and BMHI revealed some interesting points. The first is pay, which is the common cry among all of the Mental Health Professionals. In the Agency Survey, employers were asked to give the minimum, maximum and average of all paid salaries for each category of professionals. The results overall for Psychiatric Nurses was $7.69 to $21.16 per hour, with an average of $13.46. For RNs the range is $7.37 to $17.66 with an average of $11.65. Range and averages for the various types of organizations are as follows:

Agency Survey of Employers
Psychiatric/Mental Health Nurse Salaries
March 1, 1989

	Psychiatric Nurses			Registered Nurses		
	Min.	Max.	Avg.	Min.	Max.	Avg.
General Hospitals w/ Psychiatric Unit.....	$10.00	$21.16	$16.05	$10.00	$15.91	$13.42
Community Mental Health Center.....	9.78	16.58	12.06	7.37	7.37	7.37
Other Community Agencies	7.69	15.42	13.63	7.69	16.30	10.85
State Institutes.....	10.47	15.52	13.63	10.47	17.66	13.85

A related issue is the compression of career ladders in nursing. Career ladders were developed to encourage and reward nurses to stay at the bedside while advancing within the hospital setting. However, while nurse pay starts at about $10 an hour ($20,080 annual) it increases at a slower rate than some other fields (engineering was mentioned by the group of nurses). Thus this profession is no longer as attractive to women who can enter any field, sometimes start at a higher salary and may advance faster and further in their pay scale.

Another issue is nursing education. There are several facets here. Those who are studying nursing are the resources for mental health nurses. However, the nursing curriculum (nationally) was changed 10 or 12 years ago to have an integrated curriculum. Psychosocial content is taught across all clinical areas. But students are not really exposed to psychiatric nursing as a profession and thus not being attracted to psychiatry as a speciality. Students in the University of Southern Maine School (USM) of Nursing do get a course in Concepts of Mental Health during thier senior year, but get only 4 days in a psychiatric unit - one a week for four weeks. This is not enough to reduce their fear of mentally ill patients and see the positive challenges in caring for the mentally ill.

According to psychiatric nurses interviewed and in focus group discussions, it is difficult to get a Master's in Nursing with a psychiatric speciality while living and working in Maine. There are no such programs here and few in New England. The USM School of Nursing has received approval for two new Master's of Nursing programs - one in Community Health and one in Adult Health. School of Nursing faculty found the application process to be long and involved. While there is some interest at the University of Southern Maine in the development of a Master's program for psychiatric nurses, there would need to be a feasibility study to do so. This would include a needs assessment (are there enough students to support such a program?), a resource assessment (e.g. are there faculty skills and time and are there appropriate student placements?) as well as a possible pilot project. There needs to be a strong interest displayed by the mental health community such as there was from the hospitals for the adult health and community health master's programs which have just been implemented. With the two new Master's programs and the decline in student enrollment for nursing programs, it is estimated that there are not enough students to support such a program. It was also pointed out that 80% - 90% of all nursing students are now going to school part time while working. This complicates the process of projecting the number of students and the income to fund programs.

Interviews and focus group comments indicate that there are a number of nurses who are or have worked in mental health settings who would be interested in pursuing further education if they could access it closer to their home or work, but cannot or do not want to go to Boston or further for such training. As a result, some go after Master's in other programs - even other than nursing because it is more available in Maine. A method suggested by the nurses in the focus group for "tapping" this resource is to designate funds for nursing education both for the development of a Master's of Psychiatric Nursing program and for student stipends. Another suggestion is for Master's level core courses to be offered at schools in northern Maine with time and travel expenses for attending speciality courses elsewhere.

Opportunities to further education are also needed both for RNs to get their Bachelor's degree (BSN) and for LPNs and Mental Health Workers to become RNs. These educational programs are being encouraged at both BMHI and AMHI. At BMHI, RNs are encouraged to pursue their bachelor's degree by work scheduling changes to accommodate class attendance and $100 toward tuition. At AMHI, there are 12 RNs enrolled in the BSN program which is conducted on site at AMHI by St. Joseph's College. Seven LPNs and Mental Health Workers (MHW) have been accepted in the UMA RN program. There are also 22 in pre-nursing courses. In a survey of LPNs and MHWs at AMHI, 64 indicated they would be interested in the RN program, but would need financial aid. It is estimated that the pre-requisite courses cost about $1,700 per student and the nursing program is $1,000 per semester for 4 semesters ($4,000) per student. It was suggested that this can be done on a time commitment payback system where the worker promises to stay in the system for a period of time in order to pay for the education offered them. The training of persons who are already working with the mentally ill taps a ready resource and provides an important incentive to stay in the system. It also provides the needed credentialed staff for better patient care, as well as for meeting accreditation standards.

Nurses working in the State system indicate that there are some special problems in the State mental health institutes caused by the inflexibility of the state personnel system. Although full time positions can be shared by two part-time staff, if the position is only filled by a part time person for a period of time it may get permanently changed to a part-time position, thus losing a half of a position. (Note: According to Personnel staff in the Department of Mental Health and Mental Retardation, there are mechanisms and procedures in place to change full time positions to two part time positions, or to hire people in a "job share" combination. However, it may be a department or institute decision to use an unfilled position or part of a position elsewhere.) Flexible scheduling from one week to another, or for alternate weeks is also difficult to arrange. Another difficulty arises when people are hired to temporarily fill a position caused by a worker being on prolonged (up to a year) leave of absence. These "temporary" workers are hired in an acting capacity and thus are not accruing seniority and may lack bidding rights to permanent positions, consideration for pay raises and other benefits of full time employees. There is a need to budget for per diem nurses - that is, so a substitute can be called in for a few hours, a shift or a few days if a nurse is ill, on vacation or away for training or personal reasons. Although there is a small differential for late shifts and weekends ($1/hr.) it does not compare to those offered at general hospitals ($3 to $4 an hour). There also is lack of compensation for additional credentials. Nurses interviewed indicated that some general hospitals pay 15% beyond the basic pay for a BSN and 25% beyond basic pay for a Master's degree.

Psychiatric Nurses in the focus group indicate they need recognition of their credentials, the skills they have and the tasks they can do. If these tasks are within the Nurse Practise Law, they should be recognized as the purview of the Psychiatric Nurse and should not require "sign off" by a physician or other hospital staff. Supervision of nurses should be provided by a Nurse Supervisor. Nurses also need to have mutual respect between them and the physicians with whom they work.

Psychiatric Nurses in the focus group feel their unique contribution is to see the whole person and his/her needs including both physical and mental health. They work with a patient's strengths and help to enhance them rather than "correcting" what is wrong. The belief that all people have the capacity to change is a basic part of nursing education. This belief is contagious, and patients believe they will get better because someone else believes so. The holistic approach to the client/patient helps nurses to relate to and complement the different approaches of other disciplines.

In summary, there is a shortage of mental health and psychiatric nurses. There are vacancies in all work settings - community agencies, psychiatric units in general hospitals and in the State mental health institutes. The major issues are (1) pay scales which are too low and non-competitive, (2) compression of career ladder (small distance from beginning pay to long term pay) (3) nursing education: (a) for non-nursing staff to become RNs, (b) for RN to BSN, (c) for BSN to receive Master's degree, and (4) "rigidity" of the state personnel system.

Psychologists

Psychologists and Psychological Examiners are defined in the Department of Mental Health and Mental Retardation Licensing Regulations as "has a current and valid license as a psychologist (or psychological examiner) from the "Maine State Board of Examiners of Psychologists." Psychologists are required to have a doctorate degree with clinical training and to pass both a written and oral examination prepared and scored by the Board of Examiners. Psychological Examiners are required to have a Master's degree and training in clinical assessment. A candidate for Psychological Examiner takes the same written test as the candidate for Psychologist, but the cutoff score is lower for the Psychological Examiner. In the oral exam, questions for the Psychological Examiner are focused more on assessment.

In contrast to psychiatrists and psychiatric nurses, both of whom are required to have certification from their national professional accrediting organizations, psychologists are licensed by a legislatively mandated Board of Examiners of Psychologists and Psychological Examiners composed of psychologists and psychological examiners appointed to that Board. In a discussion with psychologists who have been involved in review of the licensing process, it was expressed that they believe there should not be reciprocity with other states because of differences in licensing standards. While there has been some criticism of the length of time and difficulty in the licensing process, these psychologists feel the process is being handled as consistently and quickly as possible and that it should not be easy to be licensed.

As of April 1988, there were 269 licensed psychologists and 74 licensed examiners distributed throughout the state as shown in Table 3. While there are psychologists in every county, they tend to cluster in the more highly populated areas and where those organizations which employ them, such as State mental health institutes, community mental health centers, and hospitals are located. Updated figures as of June, 1989, from the Department of Professional and Financial Regulation show that there are 327 Psychologists and 81 Psychological Examiners currently licensed. In a Survey of Public Service Psychologists done by the Maine Psychological Association (MePA) in September, 1988, it was shown that there are sixty psychologist positions and 20 psychological examiner positions in the thirteen organizations surveyed (Table 14). This survey included Pineland, AMHI, BMHI, Bureau of Mental Retardation, Maine State Prison, Togus VA Hospital and seven community mental health centers. In a review of the number of private practitioners listed in local phone books in summer, 1988, there were 153 psychologists listed (Table 15). Thus, of the 269 psychologists in the state, about 57% have some private practice involvement.

In the DMHMR Agency Survey of Employers, fifteen psychologist vacancies were reported in five community mental health centers, one in a general hospital and two in other community agencies. AMHI reports six vacancies, one each of Psych I and Psych II (Psychological Examiner) and four Psych III positions. There will be a Psych IV opening in the fall. The Forensic Service has a Psych III vacancy and so also does the Maine State Prison. BMHI reports one Psych II vacancy and three Psych III vacancies. Seven community organizations and both State mental health institutes indicate difficulty in filling psychologist positions. Psychologists and those who hire them report that it takes a long time to fill a vacant position. (See Tables 6 and 7)

Table 14

SURVEY OF PUBLIC SERVICE PSYCHOLOGISTS--

CURRENT INFORMATION-9/88

Agency	SALARIES				Vacation Days		# FTE Positions 1982		1988		# Current Vacancies
	Psychologist Stg	Max	Psy. Exam Stg	Max	Stg	Max	P	PE	P	PE	
Pineland	27,476	40,955	24,564	35,027	12	12	2	4	2	4	0
BMHI	27,476	37,856	25,542	35,027	open	open	13	1	8	2	1
AMHI	27,477	40,955	22,298	35,027	12	24	7	3	7	3	0
Western ME Couns Ctr	23,500	27,150	N/A	N/A	20	20	1	0	2	0	0
York Cty Couns Svc	21,829	32,743	17,959	26,938	20	20	7	0	2	3	0
Aroostook MHC	25.000	38,051	N/A	N/A	20	20	6	0	4	2	3
Mid-Coast MHC-Rockld	25,000	30000+	21,000	26000+	20	25	5	2	5	2	1
Mid-Coast MHC-Belfst	25.000	40,000	18,000	35,000	20	24	1	1	1	0	0
Tri-County MHS	28,000	37,000	N/A	N/A	22	22	6	0	3	0	0
Ken Valley MHC-Ag,Wtv	27,000	open	22,000	open	20	25	?	?	14	1	1
BMR: Reg. 1-6	25,542	35,027	23,405	35,500	N/A (contract)	N/A (contract)	0	5	0	2	0
ME St Pris Thomaston	26,686	36,753	25,542	35,027	12	24	3	1	3	1	1
Togus VA	27,716	60,683	22,907	29,783	13	26	8	4	9	0	1

Source: Maine Psychological Association

Table 15

Private Mental Health Practitioners

Service Area		Psychia-trists	Psychol-ogists	Social Workers	Other Counselors	Total
I.	Aroostook	1	3	1	0	5
II.	Penobscot, Piscataquis, Hancock and Washington	14	30	2	17	63
III.	Kennebec and Somerset	2	27	8	14	51
IV.	Androscoggin, Franklin, and Oxford	6	18	13	12	49
V.	Cumberland	16	53	29	90	188
	York	4	10	5	29	48
VI.	Bath-Brunswick	4	10	11	8	33
	Mid-Coast	2	2	4	5	13
	Statewide Total	49	153	73	175	450

Source: Local phone directories, reviewed by Bureau of Mental Health, Summer 1988.

According to psychologists in the focus group, there is constant advertising out-of-state for Psychologists. Two community mental health centers advertise regularly in the American Psychological Association (APA) Monitor and there have been recruiting efforts at the APA Annual Conferences and in major newspapers. The shortage of psychologists in the state, especially those working in the public sector, is established.

Psychologists are reimbursable by both Medicaid and commercial insurers such as Blue Cross in both facilities and in private practice. Under the current system, license-eligible psychologists cannot be reimbursed, even under supervision. The necessary oral examination for licensure can take up to 16-17 months. Since hiring a part time consultant to review credentials for licensing, the average waiting time has been reduced to 3-4 months. The MePA Executive Committee has discussed this problem and the possibility of attempting to change the licensing procedures - for example issue letters of eligibility for licensure on the basis of a credentials review and pending the oral exam. (MePA Survey of Psychologists in Public Service). However, no further action has been taken.

As with the other mental health professionals, payment for services is a major issue. The MePA Survey shows that salaries in the public sector (including community mental health centers) range from $22,000 to $41,000, with one agency (federal) having a maximum of $60,000 (See Table 9). The MePA Survey report also included information from the APA on nationwide median salaries for psychologists across the nation and in major cities, adjusted for cost of living (see Tables 16A and 16B). The conclusion by the author of the MePA Survey was:

> The typical public service salaries (in Maine) are at about the level of the Boston (1987) salary adjusted for cost of living, but are considerably lower than the salaries (whether or not they are adjusted) in major cities across the country. This suggests that it may be very difficult to lure prospective psychologists from areas outside of New England (at least based on salary) and that we may need to increase salaries and/or emphasize lower cost of living in Maine compared to more urban settings (Zellinger, M. 1988).

Private practice typically provides much higher incomes, and the MePA Survey shows that over 50% of the psychologists who leave public service go to private practice as their next job setting. Emphasizing this, two examples were described. An experienced Psychologist at the VA (who gets better salary than state employees) had salary matched by a private firm for 4 days/week with the 5th day to be in private practice with office space and secretary provided by the company. He gave up 19 years in Civil Service, 1200 hours sick leave and other benefits because the offer was so good. A psychologist who graduated in September 1988 started in a private organization at a salary of $40,000 and is now (5/1/89) at $45,000. AMHI has a contract psychologist position paying $25/hour, but no one wants to work full-time for that - and private practitioners laugh at that rate for part-time.

Another issue expressed by psychologists in focus groups and in interviews, is education. Psychologists need to continually upgrade their knowledge and skills, as well as to maintain their licensure (20 CEUs a year required). Out-of-state conferences are often expensive but help psychologists know what is going on in their field as well as exchange information about recruitment and retainment. While there is a doctoral program in clinical psychology at UMO, it is fairly new and the experimental psychology program is much stronger. Psychologists in the focus group expressed the feeling that the clinical psychology program needs to be strengthened. There have been some suggestions to include information about and experience in public service in the psychology program to interest potential psychologists in this alternative. One of the best ways to recruit is to have psychology interns work in the system and hire them as they graduate and obtain licensure. However, there need to be funds for this. For example, the VA currently pays $10,000 a year for psychology interns but this is no longer competitive.

Psychologists in the State system report similar dissatisfaction, as other professionals, with the rigidity of the system and the lack of rewards for longevity. They add the dissatisfaction with the low number of vacation (12 days a year compared to 20 in CMHCs) and the time it takes to earn more (5 years for first increment of an additional 3 days a year). In some psychology training programs, students go directly into a doctoral program following the Bachelor's degree and do not have a Master's degree. However, job descriptions for positions Psych I and Psych II require a Master's degree.

Table 16A

1987 MEDIAN SALARIES AND MEDIAN YEARS SINCE DOCTORAL DEGREE FOR DOCTORAL-LEVEL PSYCHOLOGISTS BY REGION AND POSITION

	POSITION						
REGION	Independent Practice	Direct Services Other Settings	Faculty In Universities	Faculty Other Settings	Educational Administration	Research	Research Administration
New England							
Median Salary:	50,000	38,000	41,000	34,000	50,000	39,500	57,500
Mdn yrs since degree:	11	7	17	15	13	99	14
N:	122	108	99	74	13	18	14
Middle Atlantic							
Median Salary:	67,000	40,333	41,000	35,000	60,000	46,000	60,000
Mdn yrs since degree:	13	8	16	14	13	10	14
N:	249	262	286	174	35	52	27
East North Central							
Median Salary:	60,000	39,000	38,000	32,864	50,500	36,000	50,000
Mdn yrs since degree:	11	8	16	14	18	10	16
N:	217	223	342	130	28	18	13
West North Central							
Median Salary:	55,000	37,444	33,000	32,364	52,000	43,000	*
Mdn yrs since degree:	12	10	14	14	17	9	*
N:	86	94	127	56	11	14	4
South Atlantic							
Median Salary:	55,000	36,333	35,000	35,182	55,000	41,000	55,000
Mdn yrs since degree:	11	7	15	14	14	8	15
N:	287	182	281	155	20	59	33
East South Central							
Median Salary:	55,000	40,000	33,000	36,000	*	*	*
Mdn yrs since degree:	10	11	14	14	*	*	*
N:	66	60	96	29	4	4	3
West South Central							
Median Salary:	60,000	35,000	33,545	32,727	42,000	39,000	50,000
Mdn yrs since degree:	11	7	14	13	18	8	18
N:	137	88	141	51	11	10	13
Mountain							
Median Salary:	52,500	40,000	36,000	32,000	54,000	*	*
Mdn yrs since degree:	10	7	14	14	14	*	*
N:	122	96	92	17	11	2	1
Pacific							
Median Salary:	55,000	42,000	42,000	39,000	50,000	44,000	50,000
Mdn yrs since degree:	12	9	16	16	15	11	12
N:	329	212	228	74	27	47	23

CONTINUED

Table 16B

1987 MEDIAN SALARIES ADJUSTED FOR COST OF LIVING IN SELECTED METROPOLITAN AREAS

Metropolitan Area	Cost of Living Index	FACULTY Median Salary	FACULTY Adjusted Salary	FACULTY N Size	INDEPENDENT PRACTICE Median Salary	INDEPENDENT PRACTICE Adjusted Salary	INDEPENDENT PRACTICE N Size
Atlanta	112.6	37,000	32,900	19	60,000	53,300	19
Boston	153.0	36,500	23,900	28	50,000	32,700	25
Denver/ Boulder	104.1	*	*	*	65,000	62,400	17
Houston	100.2	30,500	30,400	24	60,000	59,900	32
New York City	145.0	45,000	31,000	43	75,000	51,700	57
Philadelphia	121.6	38,500	31,700	18	*	*	*
San Diego	124.4	*	*	*	60,000	48,200	18
Seattle	108.7	34,364	31,600	17	55,000	46,000	17

Note. Salaries for faculty are reported for a 9-10-month period, while those for independent practitioners are reported for an 11-12-month period. Conversion from 9-10-month to 11-12-month periods can be accomplished by multiplying by 11/9; converting from 11-12-month salaries to 9-10-month, multiply by 9/11.

* Insufficient numbers to generate median and adjusted salaries.

Source: American Psychological Association

Thus, candidates who are completing their dissertation and are well qualified by training are rejected by the State Personnel System because of the lack of a Master's degree and licensure as a Psychological Examiner.

Funds to pay costs of candidates for State psychology positions to travel to Maine for interviews could also help the recruitment efforts. The lack of prestige in being a ward psychologist is a barrier to recruitment. However in a paper prepared by the AMHI Psychology Service titled "Recommendations for changes in the organization and function of the Augusta Mental Health Institute" in March and April 1989, it is proposed that "the stimulation of training and research would result in the development of dynamic and stimulating work conditions and innovative patient care." Time and funds for research in the institutional setting could be an attraction to potential candidates. In this same paper there is a list of recommendations for upgrading the status of psychologists. These could be applied in other settings as well and are included here as a summary of the thinking in the field regarding this matter.

1. The salary structure for psychologists should be improved to make it more competitive with private practice and other employment settings.
2. Continuing education and training for psychologists at a skill-building level should be funded (e.g., implementation of a proposed neuropsychology training program).
3. Research opportunities, particularly pragmatic and program-oriented research which could bear on quality assurance and service improvement, should be encouraged.
4. University appointments for psychologists, not only for practicum training but also for collaborative research and university-based teaching, should be pursued.
5. Involvement of psychologists in professional associations and specialty groups should be encouraged. Participation in training and professional development directly related to service specializations should be made an expectation of both quality assurance and performance appraisal.
6. Recruitment and development of psychologists must be regarded as an ongoing program, incorporating advertising and professional contact as well as the above components, not as occasional activities prompted by a vacancy. (AMHI Psychology Service, April, 1989)

Psychologists in the focus group feel their unique contributions are in psychological evaluation and court work in reference to case evaluation, case conceptualization. They have training in psychological dynamics and treatment, an array of treatment approaches, e.g. neuropsychology, forensic, court work, families and personal relationships. Psychologists educate, train and support other staff in issues pertaining to their field. They enjoy developing creative programs for treatment. While Psychiatrists are trained to work alone, Psychologists perceive themselves as negotiators, and team leaders, supervisors and consultants. They are also trained in research and program evaluation, a skill which is under-utilized, as are also their administrative skills.

In summary, there is a shortage of psychologists in state and non-profit work settings all over the state. Ideas to increase recruitment include higher salaries, use of paid student interns, and upgrading the status of psychologists through providing time and funds for research and program evaluation, and involvement in university training and collaborative research.

Social Workers

In the definitions of Mental Health Professionals, a Social Worker is defined as one "who is certified, licensed or in accordance with 32 M.S.R.A. 7051 et.seq." (Social Worker licensing legislation). There are three levels of Social Worker licensure with an older additional one which is no longer used. The State Board of Social Worker Licensure consists of seven members appointed by the Governor. They review applicants, determine their qualifications through review of credentials and examinations and their adherence to the ethics of the social work profession. The levels of social worker licensure are as follows:

LSW - Licensed Social Worker - Bachelor's degree in social work or social welfare; some were "grandfathered in" with less than a bachelor's degree.

LMSW - Licensed Master Social Worker - Master's or doctoral degree in social work or social welfare.

LCSW - Licensed Clinical Social Worker - master's or doctoral degree in social work or social welfare and demonstrated two years of full-time clinical social work.

CSW - Certified Social Worker - independent practise is no longer being licensed, but those with this certification may perform the functions of a licensed clinical social worker.

Persons who are licensed or certified in other states or countries may present their credentials to the State Board of Social Workers Licensure and if the Board determines the requirements are met, are provided an appropriate registration of license without further examination.

In April 1988, there was a total of 2,146 licensed Social Workers in the State in all levels. The list provided by the Board of Social Work Licensure, shows 1,415 LSWs, 319 LMSWs and 407 LCSWs. They are distributed across the state in every county, but, as with other mental health professionals, cluster in higher proportions in the more populated areas (see Table 4). Updated figures as of June, 1989, from the Department of Professional and Financial Regulation show an increase in licensed social workers, to a total of 2,862. There are now 1930 LSWs, 405 LMSWs, 428 LCSWs and 71 CSWs, with 28 inactive. In a telephone book survey of private practice mental health professionals conducted by the Bureau of Mental Health in summer, 1988, there were 73 Social Workers listed across the state. The greatest number (29) were in the Portland/Cumberland area, with 11 in the Bath-Brunswick Area (see Table 15). Only LCSWs and LMSWs can work in private practice according to licensure laws.

In the Agency Survey of Employers, there was a total of 73 vacancies reported for LMSWs or LCSWs. Of these, 43 were in Community Mental Health Centers, 26 in other community agencies and two in general hospitals with psychiatric units. AMHI reports one vacancy and BMHI reports two. Twenty two community organizations and both State mental health institutes indicate that social worker (LCSW/LMSW) positions are difficult to fill (See Table 7). Of those who left the agency in the last year, the highest proportions gave the reason, "better paying job". Other reasons with high frequencies were "personal reasons," "better work schedule" and "more career opportunities." In a survey of Social Workers who attended the Maine NASW Conference in April 1989, 15 of the 86 respondents reported vacancies of which they were aware in 10 of Maine's 16 counties. It is clear that there is a shortage of master's and clinical social workers.

Only LCSWs are reimbursable by commercial insurers such as Blue Cross. Legislation (LD 134) has been introduced in the current session to add LMSWs in the reimbursability regulations. Services provided by Social Workers of any licensure are currently Medicaid reimbursable only if they are in a facility which is licensed by the Department of Mental Health and Mental Retardation. This limitation is an issue of concern to LCSWs and LMSWs in private practice and to those who would like to refer mentally ill clients to them.

In September 1988, the Maine NASW Chapter conducted a survey of LCSWs in an effort to determine the need and support for reimbursement by Medicaid. Responses were received from 151. Of these, 109 (72%) indicated they did have a private practice. Nearly 57% of the LCSWs indicated that some of their clients receive Medicaid for their medical needs. Thus, these LCSWs are serving clients who are eligible for Medicaid, but they cannot charge Medicaid for the mental health services provided for them unless they are within an agency. About 73% indicated that they had Medicaid clients referred to them but could not serve them because of lack of reimbursability. About 75% indicated that a $40/hour reimbursement would be acceptable and another 20% indicated it may be. The Medicaid Task Force of the Maine Chapter of NASW plans to submit a proposal in summer 1989 for reimbursement of LCSWs for counseling and psychotherapy services for the purpose of providing further resources for mental health services to the Medicaid population.

Social Workers attending the Maine Chapter of the NASW conference in April 1989 were asked to complete a brief questionnaire. Of the 260 registered attendees (some of whom were presenters or staffed display tables) 86 completed questionnaires. Eighty-seven percent indicated that they work with clients, 33% with children, 42% with adolescents, 72% with adults and 34% with elderly. Some work with more than one age group. Three questions were asked relative to reasons for accepting or leaving a position. First, respondents were asked, "Why did you accept employment in your current organization?" Respondents checked all that applied. The highest number of responses (72%) were given to "interest in the type of clients served," second (57%) was "career advancement" and third (34%) was "pay/benefits." Next, the Social Workers were asked "If you do <u>not</u> plan to continue working in your current organization, why will you leave?" The top reasons for leaving were "career advancement," "professional job opportunities," "pay/benefits" "to continue education" and "stress/burnout." When asked "What do you most look for when taking a new position, top responses were "salary/wages," "types of clients/services," and "career advancement."

In some open ended questions in the survey asking what they like best and least about their jobs and recruitment/retainment ideas, several themes or issues emerge. The first is payment for services, a theme reiterated among all the mental health professionals. In the Agency Survey of Employers, pay ranges and averages in different types of organizations are as follows:

Agency Survey of Employers
Social Worker Hourly Salaries

	General Hospital			CMHC			Other Community		
	Min.	Max.	Avg.	Min.	Max.	Avg.	Min.	Max.	Avg.
LCSW	$10.00	$20.00	$14.83	$9.32	$25.00	$13.45	$8.65	$50.00	$32.31
LMSW	$8.00	$18.00	$13.81	$9.45	$20.00	$11.52	$8.56	$45.00	$15.21
LSW	$4.81	$18.00	$ 5.18	$4.86	$19.84	$6.45	$4.23	$15.58	$ 4.45

In state classifications, a Psychiatric Social Worker I (LSW) pay range is $9.08 to $12.28. LMSWs in the state system are classified either as Psychiatric Social Worker II at $9.88 to $13.46 or Psychiatric Social Worker Supervisor at $11.37 to $15.59. It was pointed out that because of recent stipends increases for nurses, social workers are the lowest paid licensed mental health professionals in the State system.

A second theme which is almost as strong as pay is stress and burnout. This includes caseloads that are so large that clients do not get the services needed. One Social Worker commented that there seems to be too little understanding of how stressful the working conditions can be and thus there is a need for ample time off. Others commented that this "time off" need not be vacation per se, but that such things as attendance at conferences or other educational opportunities can serve this same regenerating function, so long as it happens at intervals throughout the year.

Another issue of importance stressed by these Social Workers in the survey, is the need for good agency clinical management. This was brought out both in praise and appreciation of good management and in complaints about poor management practices.

The need to be recognized and appreciated was also strongly expressed. This includes recognition of achievement, opportunity for job advancement, recognition and appropriate use of skills and credentials as well as adequate pay.

In summary, the major issues are higher pay for services provided, opportunities for job advancement, ongoing educational opportunities, reasonable sized caseloads, recognition of achievement and supportive management.

Qualified Identified Mental Health Professionals and Others

When a facility is licensed by the Department of Mental Health and Mental Retardation to provide mental health services, those workers who are not themselves licensed or certified but who are supervised by a licensed/certified mental health professional are called "qualified mental health professionals" in the DMHMR Regulations for Licensing Mental Health Facilities. A more commonly used term, which is also a classification in the state system, is "Mental Health Worker (MHW)."

In the State personnel system, there are six levels of Mental Health Worker (I-VI), with I being an entry level position, II and III qualifications including experience, while IV-VI require Bachelor level training or equivalent experience. Mental Health Worker VI is a supervisory position. At AMHI there are 27 MHWs with Bachelor's training and above and 334 others with less than Bachelor's degree. At BMHI there are 38 MHWs with B.A. and above and 220 others (NIMH 1988 Inventory of Mental Health Organizations).

In the community, the job descriptions (in terms of education and training) are not as clear. There are a number of small organizations who have non-licensed para-professionals providing services to clients. In some cases these are not directly supervised by a licensed professional but are also not receiving nor applying for third party reimbursement. Mental Health Workers are employed in all types of community organizations - i.e., group homes, community mental health centers and other community agencies serving the severely mentally ill such as social clubs and vocational programs.

Mental Health Workers are a source for training and licensing in a professional discipline. These are people who are working with mentally ill individuals now and may/can become career professionals, given the opportunities of education/training and the motivation of adequate payment for services.

In a Compensation Survey conducted by the Bureau of Mental Health in 1988, in the community MHW I pay ranged from $3.65 to $11.20 an hour with an average of $6.60, while a MHW II pay range was from $4.94 to 10.65 an hour with an average of $7.80/hour. In the state system it was found a MHW I range was $6.31-$7.79 with an average of $6.92/hour and MHW II range was $6.86-$8.50 with an average of $7.53. As a result of this Compensation Survey, the Bureau of Mental Health allocated funds for direct services staff enhancement in which agencies funded by the Bureau could use funds for salary increases, training, or fringe benefits. The stipulation was that minimum salaries should be brought up to $6.30/hour, and that administrative staff were not eligible for such increases. Since the funds were available only to those agencies funded by the Bureau of Mental Health, some wage discrepancies continue to exist.

In the Agency Survey of Employers, 100 MHWs left the agency in which they worked during 1988. Of these, 24 left for "a better paying job" while 16 left for "career opportunities." There were 118 vacancies identified for this type of worker. Nineteen agencies indicated that they have difficulty in filling MHW positions, that they need an additional 35 to provide an adequate quality of care for current clients, and that 17 more are needed to eliminate the waiting list. Thus, there is a shortage of Mental Health Workers.

In addition to the Mental Health Professionals discussed, there is also a shortage in both State mental health institutions for staff in Occupational Therapy and Physical Therapy. Certified Occupational Therapy Assistant (COTA) is a two year training program and persons with these qualifications are in very short supply. There is no school in Maine which offers this program, and there are no incentives for student interns such as a stipend and housing supplement.

THE PROCESS OF THE STUDY

The study process began with the definition of Mental Health Professionals who are (or are not) eligible for reimbursement from third party payers. It was decided that, for the purposes of this study, Mental Health Professionals are those which are listed and defined in the Department of Mental Health and Mental Retardation Regulations for Licensing Mental Health Facilityies, Revised 1987.

The search for resources and information to respond to the questions raised by the legislation extended in a number of different directions:

(1) The License Bureaus for Psychology and Social Work could, for a small fee, supply a list of licensed professionals with their addresses;

(2) Within the last two years there have been a variety of surveys done with various subsets of the groups of professionals of interest;

(3) Each of the professional disciplines (i.e. Social Work, Psychology, Nursing, Psychiatry) has their own professional association with members knowledgeable both in the field of mental health and in the problems of availability and recruitment.

(4) Federal shortage criteria has been developed for psychiatrists, and similar criteria for the "core professionals" of psychologists, psychiatric nurses and clinical social workers is in process of becoming federal rule;

(5) The recently established Office of Planning in the Department of Mental Health and Mental Retardation has staff with experience and expertise in questionnaire development, survey procedures, and report writing.

Methods for collecting and analyzing the data and information to respond to the legislation were reviewed. It was decided that, wherever possible, data would be analyzed at the county level or by the six regions designated by the Department of Mental Health and Mental Retardation as service areas. It was also decided that requests would be made to have special data analyses done from those surveys which dealt with a larger population than those of interest in this study. For example, extensive surveys are done of physicians and nurses by the Office of Data, Research and Vital Statistics of the Department of Human Services. Special data runs could sort out the psychiatrists and psychiatric/mental health nurses in these data banks.

The Agency Survey of Employers was developed and conducted for this study as it became evident that although there were a number of surveys of professionals themselves, there were few of employing organizations. Thus, a survey of such employing organizations was developed to provide information about the need for mental health professionals from their perspective.

Since Federal criteria for shortages of psychiatrists already exist as well as designated shortage areas, these were used. Although federal shortage criteria for the "core professionals" are being developed, they are not available at this time. Thus, information from the Agency Survey of Employers about vacancies and difficulty in filling positions has been used.. Finally, it was necessary to integrate this multi-faceted information into some logical order so that the questions implied in the legislation could be resolved.

Definitions, Terms, Criteria

1. Mental Health Professionals

Mental Health Professional indicates any of the following: Psychiatric Nurse, Psychiatrist, Psychologist, Psychological Examiner, Social Worker and Qualified Mental Health Professional, as defined in the Regulations for Licensing Mental Health Facilities, Revised 1987.

Psychiatric Nurse - A psychiatric nurse who is:

a. licensed as a registered professional nurse by the Maine State Board of Nursing, and
b. has either:

1. a Master's or higher degree in psychiatric or mental health nursing awarded from an accredited institution of higher learning, or
2. is certified by the American Nurses' Association as a Psychiatric and Mental Health Nurse, a Clinical specialist in Adult Psychiatric and Mental Health Nursing, or a Clinical specialist in Child and Adolescent Psychiatry and Mental Health Nursing.

Psychiatrist - A psychiatrist who is:

a. certified by the American Board of Psychiatry and Neurology or is eligible for examination by such board as documented by written evidence from such Board, or has completed three years of post graduate training in psychiatry approved by the Education Council of the American Medical Association and has written evidence from such board; and
b. has current and valid licensure as a physician by the Maine Board of Registration of Medicine.

Psychological Examiner - A psychological examiner who has a current and valid license as a psychological examiner from the Maine Board of Examiners of Psychologists.

Psychologist - A psychologist who has a current and valid license as a psychologist from the Maine Board of Examiners of Psychologists.

Qualified Mental Health Professional: A mental health facility employee who is not included in the definition of licensed or certified professional mental health staff but who is approved by the Bureau of Mental Health to provide mental health services under the clinical supervision of a licensed/certified mental health professional. (NOTE: For the purposes of the Mental Health Professionals Study, this will also include LSWs and LPNs.)

Social Worker - a social worker who is certified, licensed, or in accordance with 32 M.R.S.A. 7051 et. seq. It should be noted that there are four levels of Social Work licensure:

LSW - (Licensed, Batchelor's or less - some grandfathered in)
CSW - (Masters, Independent Practise - no longer being issued)
LMSW - (Licensed Masters of Social Work)
LCSW - (Licensed Clinical - MSW plus two years supervised clinical experience)

2. State, Non-profit, Private

Organizations are designated in the legislation as state, non-profit which contract for State funds or private. State organizations include the two State mental health institutes which provide inpatient care and the two Bureaus in the Department of Mental Health and Mental Retardation who contract for mental health services: the Bureau of Mental Health and the Bureau of Children With Special Needs. Non-profits are those organizations which are organized as not-for-profit, and who generally receive funds for the provision of services from a variety of sources, including state contracts, local government, United Way, foundations, third party payers and fees from clients. Private organizations are those which are organized as private-for-profit and which depend upon third party payers, client fees, and may also have federal, state, or local funding contracts.

3. Shortage Criteria

Shortage criteria for Psychiatrists, developed by the Federal Department of Health and Human Services, Public Health Service and published in the Federal Register (November 17, 1980), includes the following:

1. A rational geographic area such as
   a. a mental health service area or catchment area as designated in the State Mental Health Plan,
   b. a portion of such area whose population, because of topography, market and/or transportation patterns or other factors, has limited access to psychiatric resources in the rest of the catchment area, as measured generally by a travel time of greater than 40 minutes to these resources.

2. A ratio of one full-time equivalent psychiatrist to 30,000 people in the general population or less than 30,000 to one but greater than 20,000 to one and has unusually high needs for psychiatric services.

3. Psychiatric manpower in contiguous areas are overutilized, excessively distant or inaccessible to residents of the area under consideration.

   Shortage criteria for the "core professionals" of clinical psychologists, psychiatric nurses, and clinical social workers has been proposed at the federal level and will contain elements similar to the shortage criteria for psychiatrists. However, these are not yet published.

4. Reimbursement Criteria

Reimbursement criteria vary according to the type of payer. There is recognition of both professionals and facilities in the insurance laws. If a facility is licensed by the Department of Mental Health and Mental Retardation, services provided by all of the professionals defined above are reimbursed. Insurance for mental health services is mandated by Maine Insurance Laws in Title 24A, MRSA, sections 2835 and 2843.

The following professionals are reimbursed by the indicated third party payors.

	Medicaid	Medicare	Blue Cross
M.D., licensed		x	x
M.D.,licensed, w/3-yr. post grad. psychiatry	x	x	x
Psychiatrists, Licensed/Certified	x	x	x
Psychologist, Licensed	x	x	x
Independent Practising Ph.D.		x	
Psychological Examiner Licensed	o		o
Psychiatric Clinical Nurse Specialist AVA Certified	o		x
Nurse w/Master's or higher license	o		o
LCSW/LMSW	o		x
Staff w/appropriate training approved by BMH, supervised by a licensed professional in a BMH licensed agency	o		o

x = Reimbursed in both private practice and M.H. facility licensed by DMHMR.
o = Reimbursement only if working in M.H. facility licensed by DMHMR.

Data Collection

Several types of data and information have been used in this study: surveys of professionals, survey of employers, reimbursement information, focus groups and shortage criteria. There have been a number of surveys of professionals that provide pertinent data. Information from the following has been integrated in the study:

1986 Physicians Survey - DHS Office of Data, Research and Vital Statistics
1987 Nurses Survey - DHS Office of Data, Research and Vital Statistics
1989 Nurse Education Interest Survey - Katahdin Area Health Education Center
1987 Demographic, Training and Workload Characteristics of Maine State Mental Health Employees - DMHMR, Bureau of Mental Health and University of Maine
1988 Demographic, Training, and Workload Characteristics of Employees of Community Mental Health Agencies in Maine - DMHMR, Bureau of Mental Health and University of Maine
1988 Psychologists Survey - Maine Psychological Association
1988 NASW Survey - Maine Chapter, NASW

As a part of this study, an Agency Survey of Employers was developed and sent to 70 employers of mental health professionals to ask about the number of professionals employed for direct care, the types of benefits provided, the number of vacancies they have had, the number of additional professionals they need to adequately serve those waiting for service, and suggestions for retaining and recruiting good professionals.

Reimbursement information was obtained by calling the various third-party payers about regulations for the reimbursement of mental health professionals for services provided.

In order to get a perspective from the professionals themselves, the study investigator met with four "focus groups" and talked to numerous professionals by telephone. The focus groups consisted of (1) psychiatric nurses, (2) psychologists, (3) BMHI leadership staff, and (4) representatives of community services and Eastern Maine Medical Center in Bangor. A questionnaire was also designed specifically for social workers and distributed at the Maine Chapter NASW Conference. In addition, specific issues were discussed with attendees.

Data Analysis/Statistical Manipulation

Data from the Agency Survey of Employers was analyzed to determine frequencies of mental health professionals employed, vacancies, and problems in filling vacancies in the various disciplines as well as averages of salaries paid. Each agency was categorized (e.g. General Hospital, Mental Health Center, State, etc.) and some data were analyzed by these categories. Data from the Survey of Social Workers was also analyzed with frequencies, percents and averages. Responses to "open ended" questions were categorized and category frequency counts were done.

A request was made to the Department of Human Services Office of Data, Research and Vital Statistics to do a special computer sort to identify psychiatrists and psychoanalysts in the 1986 Physicians Survey and mental health/psyciatric nurses in the 1987 Nurses Survey. Standard tables were prepared showing location by county, work setting, form of employment , and (for nurses) highest degree achieved.

In other surveys, data was analyzed and interpreted by the original investigators of the individual studies who are responsible for the accuracy and integrity of their data. In some cases, the investigator in this (Mental Health Professionals) study had access to the computer tables while in other cases the information is from the final report of that study.

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APPROVED

APR 12'88

BY GOVERNOR

CHAPTER

97

RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND EIGHTY-EIGHT

H.P. 1894 - L.D. 2588

RESOLVE, to Study the Need to Increase the Supply of Reimbursable Mental Health Professionals.

Study. Resolved: That the Department of Mental Health and Mental Retardation shall conduct a study to determine the availability of mental health professionals in all parts of the State and assess methods of increasing access to mental health professionals where access is limited either statewide or in selected geographic areas; and be it further

Criteria of need. Resolved: That, in determining need, the department shall develop explicit criteria for assessing need which differentiates between the need for professionals experienced by state agencies, nonprofit agencies providing services under contract with the State and clients of private providers; and be it further

Inventory. Resolved: That the department shall make an inventory of all mental health professionals in the State by geographic area, discipline, types and amount of academic and clinical training and employing organization. The inventory shall differentiate between those mental health professionals currently eligible for 3rd-party reimbursement and those not presently eligible. The inventory shall try to discover the number of mental health professionals who are not practicing in their field and the reason for their not working as mental health professionals; and be it further

Cause of need. Resolved: That, if the department determines there is a need for additional mental health professionals in a certain treatment discipline or geographic area of the State, the department shall assess whether the shortage could be most efficiently met by increasing the incentives for professionals to settle in underserved areas or by increasing the types of professionals eligible for 3rd-party reimbursement; and be it further

First report. Resolved: That the department shall report to the First Regular Session of the 114th Legislature its finding on the need for mental health professionals in the State and the cause of the shortage. If the department determines that there is a shortage, the department shall also submit a copy of the report to the Department of Professional and Financial Regulation; and be it further

Cost analysis. Resolved: That the Department of Professional and Financial Regulation shall study the cost of increasing incentives to attract mental health professionals to underserved areas or individuals into disciplines with a statewide shortage of professionals. The department shall also assess the cost of expanding the types of mental health professionals who are eligible for 3rd-party reimbursement; and be it further

Second report. Resolved: That the Department of Professional and Financial Regulation shall submit a report to the Legislature by October 1, 1989 on the cost of increasing the availability of mental health professionals. Working with the Department of Mental Health and Mental Retardation, the Department of Professional and Financial Regulation shall include the necessary legislation to eliminate the shortage.

DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION
MENTAL HEALTH PROFESSIONALS
AGENCY SURVEY

ID #_____ (for office use only)

The information from this questionnaire will be used to respond to a legislative mandate to study the availability of mental health professionals. Individual agency information will be treated confidentially, and only summary data will be given to the Legislature. Your prompt response is greatly appreciated.

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Please type or print your responses. Estimates are acceptable.

Person completing this form_____ Title_____

1. **In the space below, please estimate the number of positions for the listed professionals in your agency as of March 1, 1989. Please put a line in/through boxes that do not apply to your agency.** Full-time (FT) is a regular employee working 35 hours or more per week, Part-time (PT) is a regular employee working less than 35 hours per week, Contract is a person with whom the agency has a contract to provide a certain amount of service during a specified period, but may or may not be at the agency every day or every week (e.g., a psychiatrist for 16 hours a month).

Type of Direct Service Staff	No. of Staff			Actual Current Salary per Hour			Time Allocation in %		
	Full-Time	Part-Time	Contract	Min	Max	Avg. for all Prof. Staff	Children 0-20	Adult 21-64	Elderly 65+
Psychiatrists	24	6	50	22.73	100.00	57.91	33.2	72.2	8.9
Other Physicians	14	3	11	23.32	60.00	43.00	43.1	58.5	8.4
Psychologists (Licensed)	43	2	30	12.40	75.00	35.40	44.8	52.5	5.6
Psychological Examiner	7	1	4	11.37	75.00	36.69	57.0	51.4	6.1
LCSW	89	13	22	8.65	50.00	21.54	38.6	51.1	3.2
LMSW	90	25	10	8.00	45.00	13.18	41.4	48.16	12.4
LSW	119	10	10	4.17	19.84	9.98	41.8	57.4	7.5
Psychiatric Nurse	51	18	3	7.69	20.34	13.46	30.0	56.4	18.5
Other RNs	176	66	2	7.37	14.08	11.64	34.8	32.4	19.1
Speech Pathologist	18	9	5	9.78	35.00	18.42	8.2	5.4	12.6
Qualified MH Professionals	236	86	6	3.75	45.00	9.81	41.9	75.9	23.7
Other (specify)									

2. **What percent of wages is paid for all fringe benefits including those legally required for full-time employees? ____% For part-time employees? _____%**

3. **What employee benefits do you offer other than those legally required?**

Please indicate below what proportion of the cost of different kinds of benefits is paid by the agency for full time, part time and contract staff by circling the appropriate letter for each benefit category. F = full cost is paid; P = part of cost is paid; N = no benefit paid.

	Full Time	Part Time	Contract
Insurance			
Health - employee only	F P N	F P N	F P N
Health - employee plus family	F P N	F P N	F P N
Dental - employee only	F P N	F P N	F P N
Dental - employee plus family	F P N	F P N	F P N
Life	F P N	F P N	F P N
Retirement (pension, annuities)	F P N	F P N	F P N
Sick Leave	F P N	F P N	F P N
Educational Leave	F P N	F P N	F P N
Training/Education			
Conference/Workshops in State	F P N	F P N	F P N
Conference/Workshops out of State	F P N	F P N	F P N
College Courses - job improvement	F P N	F P N	F P N
College Courses - toward degree/cert	F P N	F P N	F P N
Other (specify)_____	F P N	F P N	F P N

	Full Time	Part Time	Contract
4. **Vacation accumulated for first year - number of days**	_____	_____	_____
4b. **Does vacation increase with longevity?**	Y N	Y N	Y N

5. **Does the agency receive funds for services from:** (Please circle Yes or No for each funding category).

Medicaid	Yes	No
Medicare	Yes	No
Private Insurers	Yes	No
Dept. of Mental Hlth & Mental Retardation	Yes	No
United Way	Yes	No
Local government	Yes	No
Other state funds	Yes	No
Foundations	Yes	No
Fee For Service	Yes	No
Other (specify _____)	Yes	No