FACTORS AFFECTING PSYCHIATRISTS' AVAILABILITY TO SERVE IN PUBLIC PROGRAMS

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ABSTRACT: This paper examines the factors contributing to reduced psychiatric participation in community mental health centers and state hospitals. Important considerations include level of compensation, other incentives, experiences during medical education, affiliation with medical settings, and licensing requirements. Suggestions are offered which may improve recruitment and retention of psychiatrists, as well as increase psychiatric involvement in the public mental health sector.

This paper focuses on a number of factors affecting the availability of psychiatrists to fill positions in the public mental health care system. Two major components of this system are community mental health centers and state mental hospitals. Recruiting and retaining psychiatrists to work in these settings has often been difficult.

There are a variety of roles for psychiatry to play in state hospitals and community mental health centers, from front-line evaluation, diagnosis, and treatment to supervision of clinical staff, training, consultation, program development, and clinical administration. Filling these various roles and showing an ability to work with other mental health professionals are the keys to demonstrating the value of psychiatry in public settings. In order to have
a significant impact in these settings, there must be sufficient practitioners to fill the available roles. The more psychiatrists working in public agencies, the more likely it is that the profession of psychiatry will be represented at all levels of the system.

National Institute of Mental Health (NIMH) staffing data from the 1970s indicates that psychiatrists were, at that time, reducing their role in state and county mental hospitals and community mental health centers (CMHCs). A more recent NIMH publication reported a slight decline in the number of psychiatrists working in federally-funded community mental health centers during the period 1978–1980, with a small increase in the number employed by state and county mental hospitals. A dramatic decrease in the number of psychiatric residents receiving training in state mental hospitals has also been reported. During the period 1975 to 1980, an overall decrease of 46% was found with an average decrease from 4.7 to 2.5 residents per state hospital.

Two nationwide surveys conducted in 1985 tend to support the conclusion that there is a shortage of psychiatrists in public settings. In a survey to which 242 member centers of the National Council of Community Mental Health Centers responded, there was little difference in mean salary range for psychiatrists in urban, suburban and rural mental health centers. There was, however, a decided difference among centers in the ratio of psychiatrists to the number of other mental health professionals. In urban settings, for example, the number of psychiatrists and Ph.D. psychologists was almost equal: about five full-time equivalents per center. In suburban centers, there were twice as many Ph.D.s as psychiatrists and, in rural centers, the survey found more than two and a half times as many Ph.D.s as psychiatrists. A similar trend was noted in comparisons with other categories of professionals.

A national survey conducted as part of the application process for inclusion in the 1985 National Registry of Community Mental Health Services drew responses from more than one thousand community mental health agencies. Sixty-one percent of the center directors responding possessed Master's Degrees, 28% were Ph.D.s or Ed.D.s, and only eight percent were M.D.s. This eight percent figure is especially interesting when compared with the statistic from 1971, in which more than half of the mental health centers were headed by psychiatrists. Although hiring psychiatrists as administrators may not be the best utilization of medical